Navigating Workplace Relationships

Professional Nursing Advisors
NZNO
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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.
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
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.
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

(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.
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)
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 if a quashed accusation was perceived to damage their reputation unnecessarily.
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!
The importance of early intervention:

- Intervention in workplace bullying is, from the target’s perspective, often cyclical and iterative.
- 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:
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

Low Risk

Disruptive Behaviors

High Risk

Threatening Behaviors

Bullying, aggressive, potentially violent 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)
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
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-judgmental
- 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 self

Vulnerable
- shares real feelings

Accepts others’ ability to think for themselves

Ref: Steve Karpman
Conclusion

- Any questions? Comments?
- Please fill out evaluation forms
- https://www.youtube.com/watch?v=PT-HBI2TVtI
Basic wisdom…

TAKE CARE OF EACH OTHER

(Robert Louis Stevenson)
A useful link:

References:


Rivera, J. () Horizontal violence ion nursing. Retrieved 31/01/2017 from: https://www.youtube.com/watch?v=hXHXBc1qzmk.

