

The Issues: Defining Co-Worker Abuse

Almost everyone in the field of healthcare has been affected in some way by abusive behaviour among co-workers. Some have encountered physical abuse, while others have experienced more subtle forms of abuse that are not always so easy to define.

Professionals from the fields of Nursing, Physiotherapy, Combined Laboratory and X-Ray Technology, Speech-Language Pathology and Audiology, and Hearing Aid Practitioners have come together to create a series of tools and information to help you understand the issue and suggest ways to deal with abusive behaviour in a positive, practical way.

This first section provides you with the information to help define the abuse that is or may be taking place in your work environment. We hope that after you read through this material, you will be better equipped to talk to your co-workers or your supervisors to help create a more positive workplace for you and your team.

Defining Co-Worker Abuse in the Healthcare Industry

Here is a list of abusive behaviours that you may have encountered at different periods in your career. You might have seen some of the behaviours happening yesterday while others may have taken place weeks, months or even years ago. What is important is that you become familiar with the actions taking place around you that could be affecting your well-being and undermining the care of the patients you serve.

1. Backstabbing

Backstabbing takes the form of spreading rumours or gossiping with the intent of hurting another person or their reputation. This behaviour involves complaining about someone to others without speaking directly to that individual. In some cases, backstabbing may even occur when someone rubbed another person the wrong way without even being aware of it.

2. Broken confidence

This happens when someone repeats information that was told in confidence to others without consent.

3. Failure to respect privacy

This behaviour can take the form of spying, stalking, going through someone's personal belongings or even tampering with texts and emails.

4. Infighting

Infighting can take the form of bickering between individuals and may escalate into the formation of hostile rival groups.

5. Intimidating behaviour

You might see this when someone is impatient with questions, yells or swears at others, is critical all the time, belittles someone's opinions, hands out undeserved punishment or evaluates someone's work unfairly.

6. Non-verbal innuendo

These forms of abusive behaviour can sometimes be hard to detect. Actions include: raising eyebrows, rolling eyes, sarcasm or turning your back on someone.

7. Sabotage

This is where someone is set up to fail or look bad by another co-worker. Sabotage takes on forms like giving someone a bad report, making excessive demands, assigning unreasonable duties, overloading someone with too much work, establishing impossible deadlines and even blocking applications for training, for a leave, or promotion.

8. Scapegoating

One person gets the blame for problems or issues even if it is not their fault.

9. Threatening behaviour

Threats can take the form of angry outbursts, swearing, throwing objects or physically abusing someone to a small degree with the threat of further or more intense pain.

10. Undermining activity

This happens when people refuse to work with others, ignore requests for help, exclude people, give the silent treatment, belittle someone, criticize a co-worker in front of patients or make comments to undermine someone's confidence.

11. Verbal affront

You see this when someone makes snide remarks, ridicules others, uses sarcasm, calls others names, responds abruptly, finds fault, tells politically incorrect or racial jokes and uses condescending language or tone of voice.

12. Withholding information

This can happen when someone purposefully withholds important information to make someone else look bad or to make their job more difficult. They could refuse to provide answers they may know or even leave out important patient information.

WHAT IS NOT CONSIDERED ABUSIVE BEHAVIOUR.

We have provided you with a list of abusive behaviours, however it is important to understand that certain workplace activities do not constitute abuse. For example, receiving constructive criticism from your supervisor, participating in performance appraisals, or developing plans to improve work performance are considered normal human resource processes, which do not constitute co-worker abuse. For a more detailed listing of the definition of abuse in your workplace, please consult with your supervisors, management or Human Resources personnel.

References

1. Duffy, E. (1995). *Horizontal violence: A conundrum for nursing*. *Collegian*, 2(2), 5-17. DOI: 10.1016/S1322-7696(08)60093-1.
2. Canadian Centre for Occupational Health and Safety. (2005). *Bullying in the Workplace*. Retrieved from: <http://www.ccohs.ca/oshanswers/psychosocial/bullying.html>.
3. Farrell, G. (1999). *Aggression in clinical settings: Nurses' views – a follow up study*. *Journal of Advanced Nursing*, 29(3), 532-541
4. McKenna, B.G., Smith, N.A., Poole S.J., Coverdale, J.H. (2003). *Horizontal violence: Experiences of registered nurses in their first year of practice*. *Journal of Advanced Nursing* (42(1), 90-96.
5. Griffin, M. (2004). *Teaching cognitive rehearsal as a shield for lateral violence: An intervention for newly licensed nurses*. *The Journal of Continuing Education in Nursing*, 35(6), 257-263.
6. Joint Commission (2008). *Behaviours that undermine a culture of safety. Issue 40*. Retrieved from: http://www.jointcommission.org/assets/1/18/SEA_40.PDF.
7. Longo, J. Sherman, R.O. (2007). *Leveling horizontal violence*. *Nursing Management*, March, 34-36; 50-51.
8. Porto, G., & Lauve, R. (2006). *Disruptive clinician behaviour: A persistent threat to patient safety*. *Patient Safety & Quality Healthcare*. Retrieved from: <http://www.psqh.com/julang06/disruptive.html>.

eLearning Tools / Things Need to Change

Solutions. Steps to a Healthier Workplace

What are the best ways to deal with co-worker abuse? Is this a cause you take on by yourself? Do you involve your co-workers or management? Do you confront someone directly or do you gently drop hints that their behaviour could be abusive? What is the best approach to take?

This section is designed to help you answer these questions. One person cannot solve the larger issue of co-worker abuse on their own, but one person can make all the difference in building a better workplace just by reaching out to others to begin talking about it. Will that person be you?

Steps to Creating a Healthier Work Environment.

On Your Own

Reflect upon and observe your own behaviour. Understand that action can be taken to make a difference. Open a dialogue with your co-workers and managers. Here are specific actions you can take on your own:

1. Approach your supervisor or manager about the issue.

If you are serious about wanting to see abusive behaviour come to an end, you will need some assistance. Go through the proper channels, talk to your supervisors, management or Human Resources staff to begin the process.

2. Be pro-active. Be prepared to offer solutions rather than complaints.

Acknowledge the abuse that you have encountered but offer up ideas on how the issue can be resolved. We encourage you to be creative—there may be obvious solutions and then there are other ways you may not have thought of, that could really help. Ask if you can create a team building or brainstorming session so that everyone can participate.

With Your Team

Engage in team discussions. Ask management or Human Resources to provide information on processes and supports that are available to deal with team/unit based issues. Take responsibility and engage with those around you, and share any resources you can with your team. Here are specific actions you can take:

1. Develop a code of conduct.

When you develop a code of conduct, make sure that you define acceptable and unacceptable behaviour. Clearly identify the actions that will be taken when there is a breach of the code. Seek input and buy-in from your entire team. You cannot develop a successful code of conduct unless there is a plan for enforcement throughout the group.

2. Get everyone to sign the code of conduct.

This commitment assures accountability to each other.

3. Adopt a zero tolerance stance.

This is vital to ensure success. No one, not even yourself, should be allowed to cross the line once you have developed this stance.

If You're in a Leadership Role

Use this material for team discussions. Here are some specific actions you can take:

1. Provide educational material.

Ongoing communication is important. Providing education regarding communication skills, willingness to communicate, the code of conduct, and the process to report issues within the code is imperative. It is also important to teach individuals to develop skills to use in confronting disruptive behaviour.

2. Provide coaching or mentoring.

Seek the advice of experts in the field. Often an outside coach or mentor can reach a group more effectively than a co-worker they are familiar with. Your organization may also have coaching or team building resource people you can draw on.

3. Provide mediation services.

Develop a plan that will work for everyone. Mediation services are often the best way to get to the heart of the matter with unresolved disputes between parties.

4. Take disciplinary action if needed.

If well-documented efforts at changing behaviours are not working, be prepared to take disciplinary action. It is important to clearly communicate this step in your code of conduct, before anyone puts their signature to any documents so that everyone understands the consequences of unresolved abusive behaviour.

Additional Actions for Individuals, Teams and Leaders

1. Seek advice from experts in your field.
2. Look internally and externally for resources and solutions.
3. Consult with your Human Resources staff about creating a plan or policies to deal with co-worker abuse.

One Good Thing a Day

eLearning Tools / Things Need to Change

Solutions to issues often come down to one individual starting the movement. Think of Terry Fox or Martin Luther King: they brought about change from humble beginnings. Their intention was simple: do something to make a difference.

You can make a difference in your workplace simply by thinking of practical, creative ways to reach out to your co-workers. You can buy a co-worker a coffee and have a chat, or say hello to people when you first get to work. Who knows where it can lead from there? We thought we would get the ball rolling by creating some sample ideas that you can do on a regular basis to make a difference. We hope it inspires you to think of some great new ideas of your own.

All major change in the world started out with an idea. What is yours?

Ideas to do One Good Thing a Day.

Buy someone a coffee.

Open a door for someone.

Say please and thank you.

Do an anonymous good deed.

Be a good listener.

Compliment a co-worker or offer them a kind word.

Create a One Good Thing a Day contest.

Smile.

Organize a movie night for your team.

Bring in a treat to share.

Plan a coffee party to celebrate a special occasion like a birthday or holiday.

Develop a social committee to ensure that no one's special event gets overlooked.

Listen attentively when others speak.

Be a team player and pitch in to help others.

Speak to others as you want to be spoken to.

Put yourself in someone else's shoes.

Get to know your colleagues; find out what's happening with them so you can deal with them in a better way.

Ask what is happening in the life of your co-worker.

Ask how they are doing.

High five someone or give a thumbs up.

We know that these are simple gestures. If everyone did them on a regular basis, the amount of co-worker abuse incidents would be reduced or eliminated all together. It would also improve your work life and make things better for your patients.

Give it some thought, and see what ideas you or your team can come up with. Have some fun with the ideas and remember, laughter is the best medicine.