COLLEGE OF
LICENSED PRACTICAL NURSES
OF ALBERTA

St. Albert Trail Place
13163 - 146 Street
Edmonton, AB T5L 4S8

Telephone 780.484.8886
Toll Free 800.661.5877
Fax 780.484.9069
www.clpna.com

WHITE PAPER

Mental Injury

In the healthcare workplace

Opening Dialogue on Abusive Behaviour
Among Health Professionals as a
Major Workplace Stressor and
Source of Mental Injury in Healthcare
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White Paper - Mental Injury in the Healthcare Workplace:
Opening Dialogue on Abusive Behaviour Among Health Professionals as a Major Workplace Stressor and Source of Mental Injury in Healthcare

INTRODUCTION: The workplace is recognized as a major influence on employee mental health according to the Mental Health Commission of Canada[1]. Every day, healthcare professionals experience the mental and physical effects of work. Positive effects can influence feelings of productivity and achievement of one's full potential. In contrast, negative effects can ultimately lead to mental distress and psychological or mental injury[1].

Traditionally, employers have focused on controlling physical, chemical and biological hazards in the workplace to maintain the physical health and safety of their employees. Currently, more attention is being drawn to controlling **psychological hazards** or stressors in the workplace to protect the mental or psychological health and safety of the workforce.

A psychological hazard is defined by occupational health and safety (OH&S) as:

> "any hazard that affects the mental health and well-being of an employee, and may include physical effects, by overwhelming individual coping mechanisms and impacting the employee's ability to work in a healthy and safe manner"[2] (p. 12).

Although each person perceives stress differently, many factors in the workplace are known to cause excessive employee stress and can lead to compromised mental health and well-being[2]. A broad category of such factors are 'work organizational factors'. They represent certain **conditions** of the workplace that have been widely implicated in the literature as stressors for employees[2]. These conditions generally involve the way work is carried out and the context within which work occurs[2,3]:

- job characteristics (heavy workload, production pressures)
- interpersonal relationships (poor communication, conflict among co-workers, lack of support, violence and abuse)
- workplace culture (inadequate leadership, lack of behavioural rule and clarity, hierarchy driven)

> To date, thirteen (13) factors are widely recognized as psychological hazards in the workplace that are known to aggravate mental health or cause mental injury[4].
>
> **Bullying and other forms of abusive behaviour among co-workers is one of these factors.**

WHY IS THIS SO IMPORTANT NOW? There are a number of reasons why protecting the psychological health and safety of the workforce is receiving attention at national and provincial levels.

REASON 1: EMERGING LEGAL TRENDS IN CANADA

- Mental injury at work has become a recognized category of harm in the law over the last 15 years[5];
- For the first time in Canadian history, employers are now confronted with a legal duty to maintain not only a physically safe workplace, but also a psychologically safe workplace[6];
- The Canadian Mental Health Commission report written by Dr. Martin Shane *Tracking the Perfect Legal Storm*, reviews developments in seven areas of law that are making it clear that employers have some responsibilities for creating and maintaining a psychologically safe workplace for employees[6];

- Previously, only egregious management acts that caused catastrophic psychological harm were cause for legal action; now, employers are increasingly being held legally responsible for workplace practices that create foreseeable risks of mental injury; i.e. if a worker is harassed or bullied or even chronically overworked[7];
- Financial rewards for damages caused by mental injury at work have increased over the past five years by as much as 700%[6];
- Canadian courts have rendered legal decisions that appear to attribute the cause of some types of mental disorder to the acts or omissions of the employer including depression, anxiety and burnout[6]; and
- Canadian courts and tribunals are increasingly intolerant of workplace factors that threaten psychological safety, and are insistent upon more civil and respectful behaviour in the workplace and avoidance of conduct that could lead to mental injury[6].

REASON 2: CANADA'S NATIONAL STANDARD ON PROMOTING PSYCHOLOGICAL HEALTH AND SAFETY IN THE WORKPLACE

- Canada has launched a new voluntary, national standard for employers, *Psychological Health and Safety in the Workplace*, led by the Canadian Mental Health Commission in an effort to focus workplace attention on preventing the negative health effects associated with psychological hazards and promoting psychological health and safety in the workplace[8].

By definition, a psychologically safe workplace is:

"one that permits no harm to mental health through negligence, recklessness or intention and omissions of employers and their agents, and one in which every practical effort is made to avoid reasonably foreseeable injury to the mental health of employees"[9]

REASON 3: GAPS IN OCCUPATIONAL HEALTH & SAFETY LEGISLATION

The legal duty of employers to provide and maintain a psychologically safe workplace is developing in different ways across the provinces in Canada. In Alberta, the Occupational Health & Safety Act, Regulation and Code set out the legal requirements that employers and employees must meet to protect the health and safety of workers. However:

- Current legislation refers only to the specific duty of the employer to control workplace violence that causes or is likely to cause *physical injury[10].* It does not expressly cover mental/psychological injury.
- Outside of the general duty clause of the Code that requires employers to ensure the 'health and safety' of their employees, technically, there is no clear legal requirement for employers to provide a 'psychologically safe workplace' as defined in the Shain reports[11,12].

REASON 4: IMPACT OF MENTAL INJURY ASSOCIATED WITH WORK-RELATED STRESS

Mental health problems related to the workplace take a significant toll on employees, organizations and greater society. **Alberta Health Services** states that mental health claims are the fastest-growing category of disability claims[11].

From a national perspective, the document *Changing Directions, Changing Lives* by the Canadian Mental Health Commission describes[13]:

- Stress contributes to 19% of absenteeism costs[14].
- Stress-related absences cost Canadian employers about $3.5 billion each year[15].
- Mental health illnesses account for approximately 30% of short- and long-term disability claims, and are rated as one of the top three drivers of both short- and long-term disability claims by more than 80% of Canadian employers[16,17].
- Mental health problems and illnesses account for more than $6 billion in lost productivity costs due to absenteeism and presenteeism (coming to work but being less than fully productive)[18].
- Over the next 30 years, the cost of lost productivity due to absenteeism, presenteeism and turnover is estimated to reach $198 billion in current dollars[1].

REASON 5: HEALTH QUALITY COUNCIL OF ALBERTA PROVINCIAL FRAMEWORK

The Health Quality Council of Alberta (HQCA) has developed a provincial framework for managing disruptive (abusive) behaviours in the workplace[19]. The framework is intended to help healthcare organizations develop strategies to address disrespectful conduct in healthcare environments. Specifically, it discusses management principles, emphasizing the role of leadership and empowering individuals to resolve interpersonal issues in a positive, constructive manner. However, adoption of the framework by employers is voluntary.

EFFECTS OF ABUSIVE BEHAVIOUR IN THE WORKPLACE: Bullying, emotional-verbal abuse or psychological harassment, horizontal violence, disruptive behaviour – these terms all describe unacceptable and unprofessional behaviour in the workplace that takes a significant toll on victims, organizations and patients.

1. **VICTIMS:** According to the Canadian Centre for Occupational Health and Safety, abusive behaviour in the workplace has been associated with a wide range of effects on victims that include[20]:

   - physical symptoms
   - psychosomatic symptoms
   - psychological symptoms
   - physical illness
   - mental illness
   - suicide
   - behavioural effects (of attempting to cope with abusive behaviour):
     - overeating
     - smoking
     - alcohol abuse
     - substance abuse

2. **ORGANIZATIONS:** Abusive behaviour among co-workers creates a toxic work environment with significant consequences to the organization. The overall 'health' of the organization is affected. An 'unhealthy' workplace can have many effects. According to the Canadian Centre for Occupational Health and Safety, these effects include[21]:

   - decreased morale
   - decreased job satisfaction
   - decreased productivity and motivation, which may, in turn, lead to
   - increased absenteeism and presenteeism
   - increased turnover,

- increased retention and recruitment issues
- increased costs for recruitment, employee assistance programs, disability, etc.
- increased risk for accidents / incidents and patient adverse events

Regarding human resource planning for nurses which represent the largest profession in healthcare, McMillan states that internationally, one in three nurses plans to leave his or her position because of co-worker abuse[22]. Approximately 60 per cent of newly graduated nurses leave their first position within six months because of horizontal violence[23]. Some decide to leave the profession altogether[24].

3. **PATIENTS:** Abusive behaviour among members of the healthcare team compromises team communication and collaboration, critical for safe patient care.

- The Joint Commission reports that 70% of sentinel events in hospital are caused by communication breakdowns among health professionals resulting in medication errors, delays in treatment, wrong-site surgery, permanent disability and patient death[25].

- Abusive behaviour raises stress and frustration levels of team members, affects concentration, decreases communication and impedes transfer of essential patient information among the healthcare team, all critically important to optimal patient care outcomes[26].

> **If this is happening to our people, it's probably happening to yours too.**

- A large-scale research study indicates:

  - 70% of healthcare professionals (of a total 4,530 study participants) felt there was a direct link between disruptive behaviour and medical errors and poor quality care;
  - more than two thirds felt the behaviour was linked to adverse events;
  - more than 50% felt there was a linkage to compromised patient safety, and
  - more than 25% felt there was a linkage to patient mortality[26].

RESULTS OF AN ALBERTA LPN SURVEY ON CO-WORKER ABUSE: In February, 2013 CLPNA conducted a member survey on co-worker abuse. 1,086 LPNs participated. The participants indicated:

- 70% experienced intimidation and other forms of abuse behaviour as students (by practising nurses, instructors, other team members and preceptors).
- 89.7% witnessed abusive behaviour among nursing colleagues (24.7% witnessed the behaviour within the last shift cycle worked).
- 85.1% experienced abusive behaviour from another nurse (LPN, RN and RPN); 14.6% experienced abusive behaviour within the last shift cycle worked.
- 80% experienced abusive behaviour from health professionals outside of their nursing peers including immediate supervisor, physicians, healthcare aides and other professionals.
- 60% did not report the abuse due to feeling nothing would happen/change anyway, fear of retaliation, the abuser was the supervisor.
- when asked if they believed their work setting tolerated abusive behaviour among colleagues, 62% said "yes".

These findings reflect those found in the research literature and paint a sobering picture of the extent of the problem. If this is happening to our people, it is probably happening to yours too.

WHY SHOULD REGULATORY BODIES CARE?

> **Mental injury of health professionals on the job and subsequent risks to public safety are potentially avoidable through primary prevention strategies in the workplace that target the root cause of the problem – the bullying culture.**

As regulators of health professionals in Alberta, our mandate is to protect the public. We understand the effects of psychological hazards on the mental health of our membership and how it can affect their ability to perform their work in a safe manner.

Performing professional practice while mentally injured on the job threatens public safety and ultimately becomes our issue. Yet, we possess no authority over employers to tell them they must control workplace hazards that threaten the mental health and well-being of our members, and safety of the patients.

It may be difficult for regulators to meet their legislative mandate of protecting the public given a workplace environment and culture that tolerates abusive behaviour and threatens patient safety. The same situation may prevail for regulated health professionals. It is their responsibility to act professionally and ethically, to adhere to the standards of the profession, and to be accountable for their own practice. However, they may find it difficult to consistently meet the practice standards for reasons that are related to their practice environment and are beyond their control[27]. A workplace culture that tolerates and even fosters abusive behaviour makes it difficult for regulated members to consistently meet the standards of practice established by the regulatory bodies.

Mental injury of health professionals on the job and subsequent risks to public safety is a serious matter, and is potentially avoidable through primary prevention strategies implemented in the workplace that target one of the main root causes of the problem – the bullying culture.

Regulatory bodies can demonstrate their commitment to fulfilling their legislative duty and maintaining accountability to government and the public by advocating for the protection of the mental health and safety of their regulated members. As a regulator, CLPNA believes that psychological hazards in the workplace should be managed by employers like any other hazard.

Regulatory bodies must also recognize this is a complex problem that requires a multi-faceted solution where government, employers, occupational health & safety, regulators and our collective members play a role.

Several factors must be addressed by regulators to advocate for and support any psychological health and safety initiatives implemented by employers:

- recognition that a problem exists:
    - accept the uncomfortable reality that many regulated health professionals experience the impact of abusive behaviour in the workplace everyday
    - accept that mentally injured professionals on the job threaten public safety
    - accept that this is a 'systems' issue and a workplace situation professionals find themselves within
    - accept that system solutions offer more far-reaching effects than shaming, blaming and naming an individual professional[28]
- abusive behaviour is well recognized in the literature as a 'learned' behaviour:
    - modelling of the behaviour begins in education programs and is carried throughout clinical practicums and into the workplace[29].

- there is a culture of tolerance of abusive behaviour in the healthcare workplace that perpetuates the behaviour:
  - students and practicing professionals enter a system in which disrespect for one's peers and co-workers is not only tolerated, it is the norm[30];
  - emotional abuse, ridicule, bullying and learning by humiliation are accepted as 'normal' conditions of the workplace - such behaviours create a culture of fear and intimidation, diminish pride and morale, impair learning and rob staff of deriving joy and meaning from their work[30].

A shift in the culture of the health professions – both in education and practice, **and** in the workplace cannot be accomplished by a voluntary national standard alone, or by a provincial framework specific to managing disruptive behaviour in the healthcare workplace that is also under voluntary implementation.

A *collaborative advantage* can be achieved by regulators working together and becoming involved.

A PROPOSED SOLUTION: As in most dysfunctional situations, whether in families, professions or in care organizations, the first step toward change is admitting a problem exists[31].

Regulators can:

- begin dialogue about abusive behaviour in the workplace
- work collaboratively in a shared commitment to address the issue of co-worker abuse from a regulatory perspective
- work towards supporting the ability of regulated members to meet the professional standards of practice within the work setting:

> **A collaborative advantage can be achieved by regulators working together and becoming involved.**

  - urge employers to make the necessary changes to prevent negative consequences of the workplace on the mental health of regulated members
  - influence the development of healthy, safe and respectful practice environments as a top priority for members and the safety of the public
- explore ways for regulators and employers to collaborate and learn more about abuse in the workplace from a broader systems' perspective, and examine ways to address the issue of bullying and co-worker abuse.

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