

Practice Guideline

Addressing Co-Worker Abuse in the Workplace

Revised: March 13, 2020

This document is linked to legislation:

Health Professions Act Licensed Practical Nurses Profession Regulation

This document is linked to other documents that direct expectations of professional behaviour or requirements for practice:

Standards of Practice Code of Ethics Standards of Practice on Boundary Violations Client and Co-Worker Abuse

This document is linked to related supportive documents:

Professional Boundaries

REVISIONS and UPDATES

Editorial Update – January 2020 Revision – March 2020

Practice Guideline: The legislative mandate of the College of Licensed Practical Nurses of Alberta (CLPNA) is to serve and protect the public by ensuring its members deliver safe, competent and ethical nursing care. A Practice Guideline is an evidence informed document designed to assist membership with making decisions about appropriate practices. These documents support professional judgment and permit flexibility in practice.

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INTRODUCTION Co-worker abuse is a noteworthy problem in the nursing profession which negatively impacts nurse health and wellness while compromising client care.¹ Abusive behaviour in the workplace increases stress, causes loss of concentration, and reduces communication between team members.²

Licensed Practical Nurses (LPNs) have an ethical obligation to create a positive work environment, which includes treating co-workers with respect. LPNs are responsible for adhering to the *Standards of Practice for Licensed Practical Nurses in Canada, Standards of Practice on Boundary Violations*, and the *Code of Ethics for Licensed Practice Nurses in Canada*. These documents establish the foundation of LPN professionalism in the provision of practical nursing services.

PURPOSE The purpose of this Practice Guideline is to assist LPNs to:

- Recognize abusive behaviour by co-workers in the workplace
- Understand the impact of co-worker abuse in the workplace on nurses, clients, bystanders, and organizations
- Make informed decisions in addressing and eliminating co-worker abuse in healthcare settings and personal practices
- Create a psychologically safe work environment

This practice guideline may inform the CLPNA's decision-making when allegations of unprofessional conduct arise in matters related to abusive behaviour of an LPN toward colleagues in the work setting. For more information on the expectations of the CLPNA regarding workplace abuse please see the *Standards of Practice on Boundary Violations*, policy on *Client and Co-Worker Abuse* and the practice guideline on *Professional Boundaries*.

DISCUSSION OF EVIDENCE For the purposes of this practice guideline, the term "co-worker abuse" will be used as an umbrella term to capture all terms and labels currently used to describe abusive behaviour between colleagues. Not to be confused with mere differences of opinion or ordinary respectful conflicts,

co-worker abuse comprises anything that a reasonable person would consider as victimizing, humiliating, undermining, or threatening.³

Abusive behaviour is on a spectrum. On one end of this spectrum is incivility, defined as low intensity behaviour that violates workplace norms for mutual respect.⁴ It includes rude and discourteous acts demonstrating a lack of regard for another person. Incivility may or may not intend to harm the target.⁵ Incivility includes:

- Using offensive language directed at an individual
- Blaming another nurse for something in front of a client or family

Incivility can be psychologically harmful to the person on the receiving end like other forms of abusive behaviour.

On the other end of the spectrum is bullying. Bullying involves deliberate acts of verbal aggression intended to intimidate, offend, degrade or humiliate a person or group of people.⁶ It also includes purposeful exclusion or isolation of another with the intent to harm and erode the victim's self-confidence and self-esteem.⁷

Incivility may occur as singular events while bullying is a repeated pattern of behaviour that continues over a significant period of time.⁸

Recognizing co-worker abuse Abusive behaviour comes in many forms. Nurses, educators, and managers may not even be aware of, or recognize, certain types of verbal and non-verbal behaviour as a form of abuse.⁹

Common abusive behaviours seen between coworkers include but are not limited to the following repeated behaviours:

- **Nonverbal innuendo:** raising eyebrows; eye rolling; or turning one's back on another
- Verbal affront: snide remarks; ridicule; sarcasm; name-calling; fault-finding; condescending language; patronizing
- Undermining activity: refusing to work with the nurse; ignoring the nurse's request for help;

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belittling or criticizing the nurse in front of clients and others

- Withholding information: reluctance or refusal to answer questions regarding practice, policy, or client information; purposefully giving the wrong information
- Sabotage: deliberately setting up a negative situation to make another individual look bad or incompetent; assigning unreasonable duties or workload to create unnecessary pressure; establishing impossible deadlines that will set up the individual to fail
- Infighting: bickering with colleagues; rivalry
- Scapegoating: attributing mistakes, problems, or errors to one person
- Backstabbing: complaining to others about an individual without speaking directly to the individual; spreading malicious rumours, gossip, or innuendo that is not true
- Failure to respect privacy: intruding on a person's privacy by pestering, spying or stalking; tampering with a person's belongings
- Broken confidences: repeating information that was told in confidence¹⁰

Consequences of Co-Worker Abuse Abusive behaviour creates a toxic work environment in healthcare settings, which negatively impacts nurses, clients, bystanders, and organizations.

Effects on the Nurse Nurses who experience co-worker abuse feel isolated, unwelcomed, and unaccepted in their teams. They may also feel unsupported, ostracized, scrutinized, and unable to develop a sense of belonging in a team. Co-worker abuse leads to feeling ashamed, dreading going into work, doubting their competence as a nurse, and feeling that they do not matter.

Co-worker abuse can lead to:

- Feelings of embarrassment, humiliation, shock, anger, frustration, helplessness, vulnerability, loss of confidence, inability to concentrate, irritability, family tension and stress;
- Psychological illnesses including depression, anxiety, or post-traumatic stress disorder;

- Physical symptoms including loss of appetite and insomnia; and
- Psychosomatic symptoms including stomach pains and headaches.¹³

Behavioural effects of attempting to cope with the anxiety and stress of co-worker abuse include:

- Overeating;
- Smoking;
- Alcohol and drug abuse; and
- May even lead to suicide.¹⁴

Nurses who are bullied become isolated from their coworkers. Their ability to ask questions or seek clarification from members of the healthcare team is significantly reduced. In particular, new nurses who require clinical and educational support may be unable to access the necessary guidance from more experienced co-workers if they fear or avoid having conversations.

Effects on Client Safety Abusive behaviour creates distrust among co-workers and negatively compromises communication and collaboration within a team, which threatens client safety. For example, if a team member is being abused it may be challenging to speak up, to clarify orders, to alert others when errors are detected, and to advocate for the needs of clients. Bullying in the workplace increases the number of client adverse events.¹⁵

Abuse in the workplace may lead to emotions such as: fear, anger, shame, confusion, self-doubt, and emotional pain. These feelings can significantly impact a nurse's ability to think clearly, perform interventions and develop collaborative care plans.

Long-term, abusive behaviour breaks down communication and increases medical and clinical errors.¹⁷ Breakdown in communication is the leading root cause of adverse events in healthcare, accounting for up to 70% of adverse events in hospitals.¹⁸ A typical response to workplace abuse is avoidance which focuses on self-protection rather than collaborative client care.¹⁹ Important client information may not be communicated to the whole team. Incomplete or



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missing information can result in client harm through misdiagnoses or incorrect treatment.²⁰

Effects on Bystanders or Witnesses Co-worker abuse also impacts witnesses of abuse. Witnessing abusive behaviour significantly impacts the ability to perform cognitive tasks, which is a critical requirement for safe practice. Bystanders of abuse feel sorry for victims, have increased stress levels, worry about becoming a target, and fear taking action. 22

Effects on the Organization The overall 'health' of an organization is affected by bullying and other forms of abusive behaviours. The effects of an 'unhealthy' workplace can include:

- Decreased morale
- Decreased job satisfaction
- Decreased productivity and motivation
- Increased absenteeism
- Increased staff turnover, retention issues, and staff shortages
- Increased costs for recruitment
- Increased costs for employee assistance programs (EAPs)
- Increased disability claims or stress related leaves of absence
- Increased risk for accidents or adverse events²³

Approximately 60% of newly hired nurses leave their first position within six months because of abuse from their colleagues.²⁴ Some consider leaving the profession altogether.²⁵ Given the high cost of hiring and orienting new nurses, losing nurses within the first year creates a tremendous financial burden on healthcare organizations and negatively influences stability in the nursing workforce.²⁶

INFORMED PRACTICE There are many strategies that LPNs can use to prevent and deal with co-worker abuse. Being aware of one's personal behaviour, treating others with respect, and openly communicating with co-workers are three of the overarching ways to address co-worker abuse.

Preventing and dealing with co-worker abuse can start with you. Below are some of the strategies that can help you.

Self-Reflection Strategies

- Self-assess your verbal and non-verbal behaviours
- Seek feedback on your behaviour
- Be aware of the difference between respectful disagreements and abuse
- Seek out resources to keep informed of best practices for abuse prevention

Being aware of your own behaviours and seeking further education are great first steps to reducing coworker abuse. Below are some actions that you could take to reduce or deal with co-worker abuse if it occurs.

Individual Strategies

Be professional

- o Accept your fair share of the workload
- o Be cooperative and willing to help others
- Ask for help when needed
- Use eye contact
- Avoid engaging in conversations about other co-workers
- Avoid publicly criticizing other co-workers

Be assertive

- Tell bullies to stop and that their behaviour is unacceptable
- Document abusive occurrences including date, times, witnesses, and description of the behaviour
- Keep copies of any threatening written materials
- Report the abuse to a supervisor and proceed to the next level of management if necessary
- Rehearse difficult conversations to prepare yourself

• Be a leader

- Work with co-workers to keep a healthy workplace
- Intervene when someone is being bullied
- Encourage and support victims
- Treat co-workers the way you would like to be treated



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- Try to include new co-workers into the group
- Role model positive and desired behaviours
 - Attend educational or training sessions on how to deal with bullying

The above individual strategies can help you counter abuse in the workplace. The culture of a workplace has significant impact on co-worker abuse. Below are some strategies that could be beneficial on an organizational level to reduce the amount and severity of co-worker abuse in the workplace.

Organizational Strategies

• Increase awareness of abuse

- Analyze your work culture by observing verbal and non-verbal abuse and signs of abuse such as stress, tension between staff, poor morale, increased absenteeism, and declining work performance
- Raise the issue of workplace abuse at staff meetings
- Help others recognize bullying
- Teach the value of your voice to help empower others to speak up when they experience or witness abuse
- Encourage all staff to discuss abuse in the workplace

Dealing with abuse

- Reduce fear of reporting abusive behaviours and protect people from retaliation
- Ensure there is a process for dealing with abuse and be responsive when abuse is identified
- Treat all complaints seriously and confidentially
- Be responsive to complaints to prevent escalation
- Enforce employee codes of conduct

- Provide educational opportunities for staff to learn more about preventing and dealing with abuse in the workplace
- Provide support to staff who experience abuse and ensure they can access counselling and/or other support services
- Hold all team members accountable for their behaviour
- Create a culture of dignity and respect and a psychologically safe and healthy workplace
- Champion the organization's expectations of a healthy workplace culture

CONCLUSION Abuse in the workplace can have dire impacts on client care. The CLPNA does not tolerate abuse of any kind by its members as it is unhealthy, unsafe, and unacceptable practice behaviour.

LPNs have a role in preventing and eliminating coworker abuse. LPNs can role model respectful professional behaviour, but supportive to co-workers facing abuse, and address or report bullies and abusers. Through these actions LPNs can contribute to client safety and promote the creation of safe, healthy, and respectful workplaces.

Through this practice guideline LPNs should have a better understanding of co-worker abuse, the impacts of abuse, and how to deal with co-worker abuse. If after reading this document you have questions about abuse in the workplace (directed at clients or co-workers), please contact the CLPNA's Complaints department via email at complaints@clpna.com, or the Professional Practice Team via email at practice@clpna.com or by phone at 780-484-8886 or 1-800-661-5877 (toll free in Alberta).

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