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Changing workplace culture: What would it take to speak up?

Cover Page Footnote

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Changing workplace culture: What would it take to speak up?

Abstract

Bullying in the health care environment historically has been tolerated and, in many cases, expected. The Health and Safety at Work Act 2015 has provided the necessary legislation to stimulate a move toward addressing the bullying culture within New Zealand hospitals. This article takes a reflective look at how speaking up about bullying, although difficult, is important in order to change workplace culture.

Keywords: bullying, perioperative nursing, horizontal violence, respect, health and safety, workplace culture

Introduction

What would it take to speak up?

This was the sole question on a survey in the tearoom at work and I picked it up to respond. But the question was too complex. I was unable to articulate the multiple answers in my head, so I placed the blank piece of paper back on the coffee table and headed back to work.

Bullying behaviours in the health care setting have been well documented and have become ingrained in the hierarchical culture of health care. These behaviours negatively affect productivity, job satisfaction and staff retention which can hinder safe patient care. We could all probably give examples where workplace interactions are inappropriate, but these behaviours have become so common that they are often overlooked. We instead move on through our busy day without giving them another thought. Within the last few years targets of bullying behaviours have begun to speak up. There is a greater awareness and understanding around the subject of bullying.

This article, based on a Surgico-sponsored free paper presentation at the 43rd Perioperative Nurses Conference, explores the process of

personal reflection alongside recent research literature, legislation and guidelines.

Background

Perioperative nursing has been my career for more than 20 years. Early on in my working life in theatre, the senior staff nurses that I most remember were terrifying, unapproachable and grumpy. They tolerated surgeons yelling and ranting at them just because that was how it was! They treated the junior nurses the way they did because these negative interactions had been normalised.

Horizontal violence has been well documented in the literature and is only now beginning to be addressed. Professor Jenny Carryer from Massey University believes that bullying between nursing colleagues is undoubtedly an oppressed group behaviour. She also maintains that when nurses feel valued and hold appropriate power and control over their own destiny, horizontal bullying will decrease markedly¹.

These experiences early on in my perioperative career have highlighted the importance of providing junior nurses with positive role models and encouraging them to achieve and know the feeling of success.

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In my current position I am respected by my colleagues, both medical and nursing, and my opinion is valued. This, for me, is key to my job satisfaction. However, it hasn't always been so positive. I have worked in environments for years where bullying behaviours were common with many subtle instances leaving me feeling overwhelmed and frustrated. It was only when someone showed me an employment relations website that listed seven bullying behaviours that I realised what I was experiencing had a name, was wrong and was not my fault.

The difficulty in identifying bullying behaviours is due to their sometimes subtle nature and in some cases the perpetrator may have little insight into how their behaviour impacts on others².

To deal with the situation I chose to change jobs. This approach to dealing with bullying was a significant finding in Dr Kate Blackwood's PhD research³. Dr Blackwood's participants included 34 nurses who met the study's bullying definition. Interestingly, 28 of the 34 nurses acknowledged being bullied. Fifteen reported action was taken but only one indicated the bullying was successfully stopped. The other 13 nurses said that no action had been taken. Leaving their

job was the most commonly reported way the bullying was stopped.

Definitions

There are numerous online bullying resources available, including from the New Zealand Nurses Organisation (NZNO), Worksafe New Zealand, Health Quality and Safety Commission and Employment New Zealand. They all provide definitions of bullying.

Key words in these definitions include: persistent, misuse of power, systematic, interpersonal, unreasonable, intimidating, malicious, insulting, undermining, humiliating, abusive behaviour. [Bullying] may cause social, psychological harm, loss of dignity and respect and compromise the target's safety and well-being.

The Health Research Council of New Zealand released a report in 2009 titled 'Understanding stress and bullying in New Zealand workplaces'⁴ which took a comprehensive look at bullying across the health sector, education and hospitality. It found that bullying was more likely to occur in the following situations:

- in the absence of strong effective leadership
- when the organisation is of a hierarchical nature
- when there were staffing shortages and a general lack of resources
- when there was a lack of bullying reporting systems⁴.

NZNO also has a definition of what is not bullying. This is important to note as sometimes the word bullying can be used when it is not appropriate to do so. It is worth checking this at www.nzno.org.nz/bullyfree.

Royal Australasian College of Surgeons acknowledges bullying

In 2015 the Royal Australasian College of Surgeons (RACS) set up an Expert Advisory Group in response to a complaint made by a junior female doctor about her senior consultant. Between April and July 2015 this Advisory Group conducted research and consultation with fellows, trainees and international medical graduates as well as the health care sector and the wider community. In September 2015, the panel released a report to RACS highlighting the extent of the issue in the health care setting.

Their research found that 49 per cent of fellows, trainees and international medical graduates reported being subjected to discrimination, bullying or sexual harassment. Seventy per cent of hospitals reported discrimination, bullying or sexual harassment by a surgeon in their hospital in the last five years, with bullying the most frequently reported issue. Thirty-nine per cent of fellows, trainees and international medical graduates reported bullying, 18 per cent reported discrimination, 19 per cent reported workplace harassment and seven per cent sexual harassment, with some reporting more than one behaviour. The problems exist across all surgical specialties and regions in both Australia and New Zealand and senior surgeons and surgical consultants are reported as the primary source of these problems⁵.

These findings are probably something any nurse working in the perioperative environment has known for years, but to have it acknowledged by such a major player is a massive step forward in eliminating bullying behaviours in the health care setting. RACS has gone on to set up online and face-to-

face courses under the umbrella 'Lets operate with respect'.

Two of the three surgeons I work with have completed the training and both have initiated discussions in theatre around bullying behaviours. The discussion that occurs creates awareness and leads to the possibility of self-reflection. The College has gone on to develop strategies and recommendations to bring about a much-needed change.

The Health and Safety at Work Act 2015

Bullying is now being viewed as a health and safety issue and is covered under the Health and Safety at Work Act 2015⁶.

The relatively recent 2015 change in the Act has brought about a change in focus around how workplace health and safety is handled. It recognises that a well-functioning health and safety system relies on participation, leadership and accountability by government, businesses and workers, meaning everyone needs to work together.

A guiding principle of the Act is that workers and others need to be given the highest level of protection from workplace health and safety risks as [is] reasonable. The key change in this Act is the focus from monitoring and recording health and safety incidents to proactively identifying and managing risks. Therefore, everyone in the workplace has a role in dealing with bullying.

What triggered my self-reflection

There were multiple triggers that got me thinking about bullying in the workplace. Firstly, as mentioned, the unanswerable questionnaire in the tearoom but, more importantly, an inappropriate exchange between a senior staff nurse and a new

graduate in theatre that I witnessed. My reaction to the situation was to afterwards offer support to the new graduate but I made no attempt to intervene during the conflict.

Next came the June issue of *Kai Tiaki* which contained Christine Gardiner's story of enduring three years of toxic bullying during her nursing training⁷ and Rebekah Kelsey's story of how unresolved bullying lead to her leaving nursing⁸. Rebekah and Christine's stories are brave, and I admire their courage in speaking up. I concluded that the best way to deal with bullying behaviour is to talk about it and identify it as being wrong in an attempt to change workplace culture. However, speaking up is not always easy!

A group of researchers at the Otago University Bioethics Centre and Otago Medical School are currently undertaking research into student bullying in the health care setting. Dr Althea Blakey is one of the lead researchers of the Creating a Positive Learning Environment (CAPLE) Project. At a meeting with Dr Blakey to discuss her research, she asked me how effective I thought confronting the staff nurse would have been? She pointed out that there is a move away from naming and shaming to working alongside staff in a non-targeted, interprofessional approach to encourage self-reflection. While not directly studying bullying, the CAPLE project is able to use teaching and learning as a covert platform to explore workplace culture and ways to change it.

The theatre environment, in particular, is a high stress cauldron providing plenty of opportunities for bullying behaviours to occur. It is therefore a great place to implement strategies to reduce bullying.

Bentley et al. (2009) reported the targets of bullying in theatre cannot

always physically remove themselves from the situation and are sometimes unable to challenge the perpetrator due to the risk of an error occurring while surgery is taking place⁴.

As nurses, we are bound by the Nursing Council code of conduct with particular relevance to principle 6 'to work respectfully with colleagues to best meet health consumers' needs⁹. Standard 6.4 states: 'Your behaviour towards colleagues should always be respectful and not include dismissiveness, indifference, bullying, verbal abuse, harassment or discrimination⁹'.

We are also bound by the following Nursing Council competencies:

- accepts responsibility for ensuring that his/her nursing practice and conduct meet the standards of the professional, ethical and relevant legislated requirements (Competency 1.1)
- communicates effectively with health consumers and members of the health care team (Competency 3.3)
- collaborates and participates with colleagues and members of the health care team to facilitate and coordinate care (Competency 4.1)
- recognises and values the roles and skills of all members of the health care team in the delivery of care (Competency 4.2)¹⁰.

Therefore, all nurses have a personal and professional responsibility to work towards a change in workplace culture.

Conclusion

The focus of workplace bullying research has moved on from looking at the personality traits to seeing bullying as a product of the work environment and placing the onus on organisations to do something about it. Even with all of the available

resources, policies, templates, guidelines and toolboxes, our standard approach to dealing with bullying is not working, and the focus is moving to changing institutional culture.

By taking a moment to reflect on a situation in the workplace I have been able to explore the complex issue of bullying and have developed a greater understanding of strategies and processes. For changes to be made, a major shift in behaviour across all disciplines and management levels is required. With large professional bodies now acknowledging the problem exists and the appearance of personal accounts in the media, I am confident bullying cultures in our hospitals will begin to change. This change will be accelerated with strong leadership, breaking down the hierarchical structure in health care, increased resources and robust reporting systems.

By speaking up about bullying and presenting this paper I hope to have stimulated conversations and maybe encouraged people to reflect on the way they treat others. By being aware of others and caring for others you can create a much safer, comfortable, positive and productive work environment which in turn can only enhance outcomes for your patients.

We all deserve to be treated with respect, to be valued, to be treated as a professional and to work in a safe, healthy environment.

About the author

Sandra Millis completed her Diploma and Bachelor of Nursing at Otago Polytechnic and her Postgraduate Certificate in Health Sciences pilot RNFSA course at Auckland University in 2011. She has worked in perioperative nursing for 24 years and is currently self employed as a surgical assistant in orthopaedics in

the private setting. Sandra has held positions on both the National PNC Committee and The Dissector.

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