

Practice Education Guidelines for BC

Negative Behaviour in the Practice Setting GL #3-1

May 2013

Introduction and Purpose:

Negative Behaviour is the term used in this guideline that includes but is not limited to violence, horizontal/lateral violence, disrespectful conduct, harassment, discrimination, bullying and personal conflict.

Students and Post Secondary Institution (PSI) Educators have the same rights as Health Care Organization (HCO) staff and the population they serve, to a respectful, equitable, fair and violence free work, service and learning environment. These rights and expectations are rooted in law through the BC Human Rights Code, and protected in professional practice standards, WorksafeBC Guidelines¹ and in HCO policy. Recognition, prevention and effective management of negative behaviour (including but not limited to violence, horizontal/lateral violence, harassment, discrimination, bullying and personal conflict) in the practice environment requires awareness, knowledge and commitment to action from leaders and partners at all levels in the system including government, organization/institution, department/unit and team/individual. Commitment to a zero tolerance approach to negative behaviour is fundamental. The primary intent in acting to resolve concerns and disputes is to create a positive environment that supports mutual respect, learning and safety.

This guideline addresses negative behaviour between any individual staff member, student and patient/family (e.g. staff to student or PSI educator, student or PSI educator to staff, student to student, patient to student or PSI educator, or other relationship combinations).

The purpose of this guideline is to describe the standards and expectations for a respectful, violence free practice environment and the process for responding and resolving situations where a student or PSI educator may feel or experience negative behaviour. Roles and responsibilities of all partners are stated that provide support for the student or PSI Educator and ensure action toward resolution.

Definitions:

Also refer to: Standardized Guideline definitions in Practice Education Guideline (PEG) Introductory Module.

Bullying: repeated, persistent, continuous behaviour as opposed to a single negative act and is generally associated with a power imbalance between the victim and perpetrator, where the victim feels inferior²; may also be known as mobbing, abuse, workplace aggression, victimization and social undermining, incivility and/or ostracism³.

¹ WorksafeBC. (2000). Policies part 4: violence in the workplace. Policy item R4.27.1. Available at:

<http://www2.worksafebc.com/Publications/OHSRegulation/Policies-Part4.asp#SectionNumber:R4.25-1>

² Ontario Safety Association for Community and Healthcare. (2009). Bullying in the workplace: a handbook for the workplace. Health Force Ontario: Toronto, Ontario. Available at: <http://www.osach.ca/products/resrcdoc/rvioe528.pdf>

³ Registered Nurses Association of Ontario (RNAO). (2009). *Healthy work environments best practice guidelines. Preventing and managing violence in the workplace.* RNAO: Toronto, Ontario. Available at: <http://rnao.ca/bpg/guidelines/preventing-and-managing-violence-workplace>

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Disrespectful Conduct: includes inappropriate behavior, bullying or harassment directed against another person that a reasonable person knows, or out to know, would cause offence, humiliation or intimidation⁴.

Discrimination: occurs when someone is treated differently and poorly because of their race, colour, ancestry, place of origin, religion, marital or family status, physical or mental disability, sex, sexual orientation, age (19 years and over), criminal conviction (in employment), political belief (in employment), or lawful source of income (in tenancy)⁵.

Harassment: occurs when a person is subjected (often repeatedly) to unwelcome comments or behaviour that is insulting or demeaning, or is otherwise offensive, because of any of the grounds listed above, such as race, religion, or sexual orientation⁶.

Horizontal Violence/Lateral Violence: violence directed at colleagues; an act of aggression perpetrated by one colleague on another colleague⁷

Human Rights: issues of discrimination and harassment on the basis of one or more of the thirteen protected categories as defined by the BC Human Rights Code. These protected categories include: age, colour, ancestry, place of origin, family status, marital status, sexual orientation, sex, race, religion, political belief, physical or mental disability, and unrelated criminal conviction⁸.

Personal Conflict: actual or perceived opposition of needs, values and/or interests between individuals that result in unwanted stress or tension and negative feelings between the individuals involved.

Violence: any threatening statement or behaviour which gives a worker reasonable cause to believe that he or she is at risk of injury⁹.

Practice Guideline Standards:

HCOs are responsible to ensure zero tolerance in the practice environment for any form of negative behaviour.

All parties in health care settings share in the responsibility to contribute positively to an environment of mutual trust, respect and safety.

All parties are responsible for acting respectfully and abiding by the HCO Human Rights and Personal Conflict policies, and WorksafeBC OHS Guidelines and Policies.

⁴ Provincial Health Services Authority. (2011). Corporate human resources policy. *Resolution of respectful workplace and human rights issues*. Vancouver, BC.

⁵ BC Ministry of Justice. (2012). Human rights in British Columbia. Available at: <http://www.ag.gov.bc.ca/human-rights-protection/>

⁶ Ibid.

⁷ Canadian Nurses' Association & Canadian Federation of Nurses Unions. (2008). Joint position statement: workplace violence. Available at:

⁸ BC Human Rights Coalition. (2012). *Human rights. Your rights to know*. Available at: www.bchrcoalition.org/files/documents/Jan2012_BCHumanRightsbooklet.pdf

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Students are considered representatives of their profession and, as such, must practice within their professional code of ethics and standards of practice.

Both HCOs and PSIs must have policies and procedures consistent with the BC Human Rights Code and WorksafeBC OHS Guidelines and Policies to address negative behaviour. Both HCOs and PSIs are obligated to immediately address complaints in accordance with established policies.

Students and/or PSI Educators who have experienced negative behaviour with a HCO staff member, patient and/or another student in the practice setting should immediately report this behavior to the PSI liaison for support and follow-up with the HCO.

If an HCO staff member experiences negative behaviour with a PSI individual (student, educator, etc), the HCO policy and process should be followed for investigation and resolution.

Evidence of negative behaviour must be differentiated from identification of practice issues. Investigation of such claims must address these differences. Identification, communication, reporting and documentation of practice issues must be done in strict accordance with the guideline standards outlined in PEG 2-10: Student Practice Issues.

Roles, Responsibilities and Expectations:

Post Secondary Institution:

Role model and lead a zero tolerance approach to all forms of negative behaviour in the workplace and student learning environments.

Establish and communicate a policy and process for receiving, investigating and resolving complaints that is consistent with the BC Human Rights Code, for students and PSI educators who may feel or experience negative behaviour in the practice education setting.

Provide formal and informal education opportunities for recognizing, preventing and responding to negative behaviour in the practice education setting, including opportunities for students to learn how to protect themselves.

Promptly respond and facilitate investigation of a student or PSI educator complaint with the HCO.

Health Care Organization:

Role model and lead a zero tolerance approach to all forms of negative behaviour in the practice environment. This includes ensuring this approach is aligned with the HCO values, mission and strategic goals.

Implement strategies that promote a positive, supportive learning environment that minimize power imbalances and maximize learning relationships.

Establish and communicate a respectful workplace policy that is consistent with the BC Human Rights' Code, including a process for receiving, investigating and resolving complaints.

Establish policies and procedures to address negative behaviour, consistent with the BC Human Rights' Code and WorksafeBC OHS Guidelines and Policies.

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Provide formal and informal education opportunities for recognizing, preventing and responding to negative behaviour in the practice education setting.

Immediately respond to any student or PSI Educator complaint of negative behaviour in accordance with the HCO policy and process, including facilitation of collaborative conversations with an aim to resolution or implementation of a formal resolution process.

PSI Educator:

Act as a liaison and advocate for the student experiencing any form of negative behaviour in a timely manner with the HCO staff, HCO Educator (term includes all practice education supervisory roles) and/or HCO Unit Manager/Director.

Provide support to the student facilitate a process for collaborative conversation and resolution where appropriate.

PSI Educators who experience negative behaviour should contact the HCO Unit Manager/Director for investigation, follow-up and support.

Inform the PSI of situations where collaborative conversations have not achieved resolution and a formal process is implemented within the HCO on behalf of the student and / or PSI Educator.

Student:

If a student experiences any form of negative behaviour with a HCO staff member , patient or other student, they should:

- Not ignore it or assume it will go away by itself.
- tell the person that the behaviour is unwelcome and request that the behaviour(s) stop, if the student feels safe to do so.
- Immediately report the situation to the PSI Educator or HCO Educator.
- Keep a record of all relevant facts including the date, time, and location of the incident(s). If possible, obtain the names of any witnesses.
- If a request to stop does not resolve the matter or if the student is not able to address the problem with the individual concerned, the student should bring the complaint to the supervising PSI Educator or HCO Educator for immediate investigation and follow-up.

If the student feels unsafe in the practice environment, they should immediately inform the HCO Educator and/or HCO Unit Manager and leave the environment. In this situation, the student must immediately inform the PSI Educator or Liaison.

References and Resources:

Canadian Nurses' Association & Canadian Federation of Nurses Unions. (2008). *Joint position statement: workplace violence*. Available at: http://www2.cna-aiic.ca/CNA/documents/pdf/publications/JPS95_Workplace_Violence_e.pdf

Health Sciences Association of BC. (nd). Preventing violence in the health care workplace. Available at: <http://www.hsabc.org/node/436/pdf>

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Guideline Review History:

Revision #	Date	Author(s)	Brief Description of Change (reason for change)
Original	March 2007		
1	March 2013	Heather Straight (VCHA), Deb Filliel (Langara) ; Angela Wolff (FHA); Debbie	New template format Updated content and language Included violence / horizontal violence Referenced Practice Issues guideline to

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		McDougall (BCAHC)	differentiate discrimination/harassment from identification of practice issues Updated references ++
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