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PRACTICE GUIDELINE

ADDRESSING CO-WORKER ABUSE IN THE WORKPLACE

Practice Guidelines provide guidance in a particular aspect of clinical care that enables Licensed Practical Nurses to make informed decisions based on the best available evidence. They support nursing judgment and help Licensed Practical Nurses meet expectations of professional behaviour established within the Code of Ethics and Standards of Practice for the profession and as required by legislation, regulation, by-laws and case-law relevant to nursing practice.

This document is linked to legislation	Occupational Health & Safety Act, Regulations and Code
This document is linked to CLPNA documents established under the Health Professions Act	Standards of Practice Code of Ethics
This document is linked to nursing practice and policy documents	Competency Profile for LPNs

KEY WORDS: *violence, abuse, incivility, hostility, horizontal or lateral violence, disruptive behavior, harassment, psychological harassment, emotional abuse, bullying*

The legislative mandate of the College of Licensed Practical Nurses of Alberta (CLPNA) is to regulate the profession in the public interest. To fulfill its duty, CLPNA obligates its members to deliver safe, competent and ethical nursing care. The College is committed to supporting Licensed Practical Nurses (LPNs) in meeting the requirements of the profession and to assuring the public that members of the profession follow best practices in nursing as presented in this Practice Guideline relevant to recognizing, addressing, and eliminating co-worker abuse in the workplace.

INTRODUCTION The harsh, often abusive behaviour of nursing colleagues toward each other in the workplace is well documented in the literature. Studies have examined abusive behaviour among nurses from a variety of different perspectives including theoretical origins; effects on individuals, patients, teams and the workplace; and intervention strategies aimed at individual, organizational and government levels. Although this Practice Guideline touches briefly on each of these viewpoints, it is written primarily from an occupational health and safety perspective.

Occupational health and safety (OH&S) covers a wide spectrum of factors known to be hazardous to the health and well-being of employees. These factors include physical hazards[1], chemical hazards[2], and biological hazards[3]. Another factor currently receiving considerable attention, and is the main focus of this guideline, is psychological hazards in the workplace[4]. According to OH&S, a **psychological hazard** is

> ***"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"[4] (p. 12).***

Therefore, psychological hazards refer to stressors (things that cause stress) in the workplace that can potentially impact employee mental and physical health. Although each person perceives stress differently, a condition of the work environment that is widely recognized as a stressor or psychological hazard in healthcare is workplace **violence** and **abuse**[4]. Nurses are known to be at greater risk for workplace violence and abuse than any other healthcare provider[5,6]. While the most common source of violence and abuse against nurses originates primarily from patients[4], the research also cites that a ***significant proportion of abuse experienced by nurses comes from their own nursing colleagues in the work setting***[7,8].

Abusive behaviour among nurses is a significant problem in the profession internationally, and is identified as a major work-based stressor and occupational health issue for nurses[9,10]. Abusive behaviour represents a psychological hazard in the workplace that can ultimately cause injury to the mental health and emotional well-being of the nurse on the receiving end. From an OH&S perspective, the workplace can positively influence health, just as easily as it can negatively influence health if exposure to occupational hazards is not well managed, controlled and eliminated. This includes the psychological hazards associated with abuse among nursing colleagues.

PURPOSE The purpose of this Practice Guideline is to enhance the knowledge base of Licensed Practical Nurses (LPNs) and support competency development in:

- recognizing abusive behaviour among nursing colleagues and within one's own conduct in the workplace
- understanding the origins of the behaviour and its effects on the nurse, bystanders, the organization and patient care
- making informed decisions in addressing and eliminating co-worker abuse among nurses in healthcare settings and within one's own practice behaviour
- creating a psychologically safe work environment

As CLPNA's practice guidelines help LPNs meet the expectations of practice set out in the Standards of Practice for the profession, this guideline may be used to 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.

CURRENT EVIDENCE TO INFORM PRACTICE The International Council of Nurses defines abuse as "behaviour that humiliates, degrades, or otherwise indicates a lack of respect for the dignity and worth of an individual"[11](p.4). The first literature on abusive behaviour among nursing colleagues surfaced in the late 1970s and early 1980s[12]. Traditionally coined "***nurses eat their young***", the expression is well known to nurses. It refers to hostile and aggressive behaviour directed towards new staff or nursing students that is intimidating and condescending[8], and harms, disrespects and devalues the self-worth of the recipient[13].

♦**Other terms for abusive behaviour among nurses.** Other terms used in the literature to label abusive behaviours among nurses in the workplace include:

> *nurse-to-nurse aggression, horizontal (or lateral) hostility, psychological harassment, emotional abuse, verbal abuse and mobbing*.

The apparent lack of universal terminology on this highly sensitive and significant problem in nursing makes it difficult to formulate a precise and consistent definition of the behaviour among nurses[14]. Further, it becomes challenging to integrate the research on the subject into one cohesive picture[8] to acquire a clear understanding of the issue and to develop effective solutions.

♦**Workplace abuse on a continuum.** Other terms you may hear or read about in the nursing literature describe abusive behaviour on a continuum. On one end are behaviours that may be distracting, annoying and irritating to some people, yet may not bother others at all. On the opposite end are behaviours that are more aggressive, deliberate, intentionally demeaning, and psychologically harmful to nursing colleagues[15]. These terms include:

Incivility on one end of the continuum is defined as low-intensity behaviour that violates workplace norms for mutual respect[16]. It includes singular acts that are characteristically ***rude and discourteous, demonstrate a lack of regard for another and are associated with an ambiguous intent to harm the target***[17]. Behaviours associated with nurse incivility can be as subtle as leaving the medication area messy for the next nurse to deal with, to offensive language or blaming a nurse for something in front of a patient or family. Although on the lower end of the continuum, incivility can be just as psychologically harmful to the person on the receiving end as other forms of abusive behaviour.

Horizontal (or lateral) Violence refers to hostile and aggressive behaviour between colleagues who are on the same level within an organization's hierarchy; i.e., nurse-to-nurse[18,19]. It describes covert and overt ***non-physical*** hostility that takes the form of ***psychological harassment or emotional abuse in the workplace such as criticism, sabotage, undermining, infighting, scapegoating and bickering***[20,21]. When this type of behaviour occurs between colleagues that differ in level of hierarchy, such as a nursing supervisor and a staff nurse, it is called **vertical violence**[21]. The phrase of nurses eating their young (and each other) specifically refers to horizontal and vertical violence[8].

Bullying is recognized in the literature as the ***extreme form*** of horizontal and vertical violence[22]. ***It is also the most common form of workplace abuse among the nursing profession***[23]. Bullying involves deliberate acts of verbal aggression intended to intimidate, offend, degrade or humiliate a person or group of people[24]; it also includes purposeful exclusion or isolation of another with the intent to harm and erode the victim's self-confidence and self-esteem[8,25].

Whereas incivility and horizontal/vertical violence may occur as singular events, ***bullying is a repeated pattern of behaviour that continues over time, even years***[12,24]. Bullying includes a 'power gradient', with the bully in a position of power (actual or perceived) compared with the

victim[26]. Bullying, then, involves misuse or abuse of power[25]. This could be nurse to student, senior nurse to junior nurse, or supervisor to employee. Nurse managers are usually seen as the principle perpetrators of bullying within the profession[23]. Often, their own insecurities contribute to misusing their power and authority and becoming abusive to staff[25]. Within all types of industries (not just healthcare), recent estimates suggest that 72% of bullies are managers, 18% are peers and 10% are lower ranking staff[27].

♦**Defining co-worker abuse.** For the purposes of this guideline, the term "**co-worker abuse**" will be used as an umbrella term to capture all terms and labels currently used to describe abusive behaviours among nurses. 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[28].

> ***"The bottom line is, if the end result is that the recipients of the behaviour are offended or their ability to perform their job is undermined, it should be considered inappropriate behaviour and [abuse] . . ."***[29]**(p.4).**

♦**Recognizing co-worker abuse.** Abusive behaviour between nurses masquerades in a variety of different ways. 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[30]. The following table highlights the ten most common forms of abusive behaviour among nurses, and is not intended to represent an exhaustive list[20,24,31,32,33,34,35,36]:

TABLE 1

- **Nonverbal innuendo** raising eyebrows, eye rolling, vocal intonation – not what you say but how you say it, turning one's back on another
- **Verbal affront** snide remarks, ridicule, sarcasm, abrupt response, name-calling, fault-finding, condescending language, patronizing, making jokes that are 'obviously offensive' by spoken word or e-mail including racial or ethnic jokes
- **Undermining activity** refusing to work with the nurse; ignoring the nurse's request for help; socially isolating or excluding the nurse; giving silent treatment; belittling or criticizing the nurse in front of patients and others; making comments that undermine a nurse's self-confidence in caring for patients; removing areas of responsibility from the nurse without cause and creating a feeling of uselessness
- **Withholding information** reluctance or refusal to answer questions regarding practice, policy, or patient information, purposefully giving the wrong information
- **Sabotage** deliberately setting up a negative situation to make another look bad/incompetent; making excessive demands; giving the nurse an unfair patient assignment; assigning unreasonable duties or workload to create unnecessary pressure; establishing impossible deadlines that will set up the individual to fail; undermining or deliberately impeding a person's work, blocking applications for training, leave or promotion; constantly changing work guidelines
- **Infighting** bickering with nursing colleagues; rivalry
- **Scapegoating** attributing mistakes, problems, 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 confidence

Note: according to the research literature, these forms of abuse represent acts of 'horizontal violence'[33].

♦**Theoretical origins of abusive behaviour.** A number of different theories have been used to explain the root cause of abusive behaviour among nursing peers. The most common is oppression theory; however, other theories offer valuable insights as well, and describe how the behaviour is reinforced and perpetuated in nursing and the workplace. These theories are essential to nursing knowledge as they represent key areas where interventions to address and eliminate abusive behaviour can be targeted by LPNs in clinical, educator and supervisory roles.

❶**Oppression theory** explains behaviours of the oppressed[37,38,39]. Whenever there is an imbalance of power among people, there will always be the formation of two groups – a dominant group and a subordinate group. Members of the dominant group are more powerful, and are able to set the cultural norms for what is valued. Inevitably, they promote their own attributes as the valued ones. The subordinate group or the oppressed, feel their worth devalued within the dominant culture. A belief in their own inferiority develops, which leads to a lack of pride and feelings of low self-esteem. They feel alienated, powerless and removed from autonomy and control over their lives. Unable to direct their anger and aggression upward to the oppressors for fear of

retaliation, the oppressed turn their anger and frustrations onto their own group members, especially those they perceive less powerful[39].

Oppression theory has been applied to nursing, and helps to explain abusive behaviour as a response to the situation nurses find themselves within[40]. Nurses are viewed as an oppressed group due to their subordinate position in the healthcare system and lack of autonomy and control over their profession. It is well documented that physicians and administration have maintained dominance over nursing and the structure of the nurse's working environment ever since the profession's early history[20]. Any profession that holds a belief system entrenched in inferiority and subordination will feel oppressed, and ***horizontal violence is the natural expression of oppression***[8].

❷**Broken window theory** explains that if problems are not dealt with as soon as they occur, they will become much worse[41]. Using a single broken window in a building as an example, the theory describes that if it is ignored and not fixed, more windows will be broken. Eventually, more serious types of crime will take place in the area. The rationale: criminals sense little resistance to their illicit activities and crime escalates[41].

The theory has been applied in several research studies on co-worker abuse within medicine[42] and nursing[43]. As with a broken window, if abusive behaviour among health professionals is ignored and not dealt with immediately, it sets a negative example that the behaviour is tolerated[43]. It soon becomes the norm for acceptable behaviour in the workplace, and more people engage in the behaviour. Over time, even greater aggression takes place. Left unchecked, the cultural climate of the workplace slowly changes and a negative and unsafe environment is created. The consequences of allowing even a singular, isolated instance of emotional abuse to occur, such as 'putting a nurse in her place' or 'running a nurse down behind her back' may be severe for any healthcare organization.

❸**Professional socialization** is a process where student nurses acquire a personal identity and learn the values, norms, behaviours and social skills appropriate to their career role[44]. Interactions with instructors and experiences during clinical practicums are key socializing agents[45]. There is evidence to support that bullying and other forms of abuse in the workplace are a learned behaviour in nursing passed down from generation to generation[46]. Modeling of the behaviour starts in nursing school and is carried throughout clinical practicums and into the work environment[12,42]. Exposure to abusive behaviour, whether witnessed or personally experienced in education or practice, allows nurses to 'learn' these behaviours[47]. Impressionable students and new nurses become socialized into the nursing profession internalizing abusive behaviour as 'normal' and as 'part of the job'[47], and may eventually become bullies too[14].

❹**Tolerance of abusive behaviour** is prevalent within the culture of healthcare organizations. The culture of an organization refers to the norms or unwritten rules, beliefs, rewards and behaviours that influence and determine how people react and behave toward each other and their clients[48]. Healthcare has a longstanding history of indifference and tolerance for disrespectful, abusive behaviour by care professionals in the workplace[8,49]. Students and practicing nurses enter a system in which disrespect for one's peers and co-workers is not only tolerated, it is the norm[50]. Emotional abuse, bullying and learning by humiliation are all often accepted as 'normal' conditions of the healthcare workplace[50]. Healthcare professionals working within these types of care settings can attempt to challenge the status quo, but ultimately they may have to choose one of two paths – leave the unhealthy work environment in search of a healthier one, or participate in the culture either as a bully or bystander[51]. Either way, the behaviour perpetuates and reaffirms the workplace culture.

Although abusive behaviour in healthcare may be due, in part, to certain personalities, mental illness or substance abuse within the workforce, simply stated, co-worker abuse *can only exist in organizational cultures that tolerate the behaviour*[25,52]. Two enabling factors that maintain and reinforce a culture of tolerance for abusive behaviour in healthcare organizations include:

- *Poor management of breaches in code of conduct* - even if the best policies and training are in place for respectful conduct in the workplace, if no action is taken by management after a policy breach is reported, staff simply stop reporting the behaviours[8,53]. Under-reporting has serious consequences as it not only prevents the behaviour from being appropriately dealt with, it actually fosters and reinforces the behaviour. Abusers perceive no or little risk of being reprimanded and the behaviour

continues unimpeded[54], or worse, escalates (as in broken-window theory).

- *Behaviour of organizational leaders* - if behaviours of organizational leaders do not align with the code of conduct policies of the institution, employees will model their own behaviour after the behaviour they witness and experience from their leaders, and not after the policies and training[55].

Influence of the culture of a workplace on employees cannot be underestimated. Culture 'sets the tone' of an organization; if that culture is negative, it can undermine the effectiveness of the best policies, programs and services intended to support the workforce[56].

❺**Fish-and-water effect theory** is perhaps the most important theory related to behavioural self-awareness for nurses and other care professionals. It describes how we become so used to our own behaviours that we become relatively unaware of them[57]. To others, however, these behaviours can be highly obvious. As suggested in the theory, like a fish that cannot see the water in which it swims, humans have difficulty seeing their own behaviours accurately[57,58].

The research findings have implications for individuals and organizations wishing to address the issue of co-worker abuse. It is known that when any type of behaviour has been part of a workplace culture for a very long time, it is perceived as 'normal'[8]. When nurses perceive abuse as 'normal', they may fail to recognize their own abusive behaviour or similar abusive behaviours of others. This may be especially true for the subtle forms of abusive behaviour such as non-verbal innuendos (raising eyebrows, eye rolling, and vocal intonation). If behaviour cannot be detected, it cannot be corrected. It may be difficult for health professionals to adhere to code of conduct policies or address and report policy breaches if they are unable to recognize subtle, covert forms of abusive behaviour in the first place.

♦**Consequences of co-worker abuse** Abusive behaviour creates a toxic work environment in healthcare settings with serious effects on victims, bystanders, institutions, and ultimately, patients[51].

Effects on the Nurse. Of all sources of aggression nurses may encounter in the workplace, the most distressing to deal with is from another nurse[31]. Nurse-victims report feeling isolated from other team members, unwelcomed and unaccepted in the team, unsupported, ostracized, labelled, scrutinized, ignored, undermined, discouraged, powerless and unable to develop a sense of belonging[12]. They feel ashamed[9], dread going into work[51], have doubt in their competence as a nurse, and feel that their nursing contributions do not matter to their colleagues[12]. The wounds caused by hurtful actions from a nursing colleague have been referred to as 'soul scars'[59]. Such scars can lead to nurses feeling personally and professionally unworthy and devalued.

The Canadian Centre for Occupational Health and Safety reports a wide range of effects associated with workplace abuse. Examples include[24]:

- Embarrassment, humiliation, shock, anger, frustration, helplessness, vulnerability, loss of confidence, inability to concentrate, irritability, family tension and stress
- Physical symptoms
- Psychosomatic symptoms
- Physical stress-related health illnesses
- Psychological illnesses

Behavioural effects of attempting to cope with the anxiety and stress of workplace abuse inlcude[23]:

- overeating
- smoking
- alcohol and drug abuse
- may even lead to suicide

Effects on Bystanders. The effects of co-worker abuse impact other employees, especially witnesses. Research shows that merely witnessing abusive behaviour significantly impacts the ability to perform cognitive tasks, which is a critical requirement for safe practice within the nursing role[60]. A study reports that witnesses who felt sorry for the victim showed increases in stress levels, were worried about becoming a target themselves, were fearful of taking action, changed jobs to avoid the problem, and worked harder in the hopes that they would not become a target[61].

Effects on the Organization. The overall 'health' of an organization is affected by bullying and other abusive behaviours. The effects of an 'unhealthy' workplace can include[22,24]:

- decreased morale
- decreased job satisfaction
- decreased productivity and motivation, which in turn, can lead to:
    - increased absenteeism
    - increased staff turnover, retention issues, and nursing shortages
    - increased costs for recruitment
    - increased costs for employee assistance programs (EAPs), disability claims
    - increased risk for accidents, incidents or adverse events

McMillan states that internationally, one in three nurses plans to leave his or her current position because of co-worker abuse[62]. Approximately 60 per cent of newly hired nurses leave their first position within six months because of abuse from their nursing colleagues[33]. Some consider leaving the profession altogether[32]. 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[51].

Effects on Patient Safety. Abusive behaviour among nurses and/or other health professionals has negative effects on communication and teamwork with serious consequences to patient safety[63]. Abusive behaviour creates distrust among team members and a fear of one's own colleagues. In this type of work environment, communication decreases. Health professionals become afraid to speak up to clarify orders, to alert others when errors are detected, and to advocate for the needs of patients. The literature cites that breakdown in communication is the leading root cause of adverse events in healthcare[64]. Up to 70% of adverse events in hospitals are caused by communication breakdown among the healthcare team[65].

The most common form of abusive behaviour among interprofessionals in healthcare includes rude tone of voice and threatening body language perceived by recipients as intimidating[66]. Intimidation is known to foster medical errors and adverse events[34]. Intimidation 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[66]. While most formal research centers on abusive behaviours among physicians and nurses, there is evidence to support that these behaviours occur among other health professionals such as pharmacists, therapists, and support staff[66].

♦**Statistics** There are very few Canadian statistics on bullying and other forms of abusive behaviour in nursing. The last 'National Survey of Work and Health of Nurses' reported in 2005 by Statistics Canada, indicated that 46% of nurses (5,508 survey respondents) were exposed to hostility in the workplace from co-workers[67].

In 2013, CLPNA conducted a member survey on co-worker abuse. A total of 1,086 LPNs completed the survey for an overall response rate of 11.5%. The data collected from the LPN survey respondents closely matches the information reported in the research literature. Main survey findings include:

- Nearly one third of respondents were surprised that some of the behaviours listed in Table 1 are considered 'abusive' (in particular verbal innuendo, undermining and verbal affront).
- 70% experienced intimidation as nursing students from nurses within the healthcare team, nursing instructors, other disciplines and preceptors.
- Almost 90% of respondents agreed they had witnessed a nurse treating another nurse abusively.
- Almost 25% observed abusive behaviour among nurses within the last work week.
- 85.1% indicated they were targets of abuse by other nurses at some point in their nursing career.
- The most common form of abuse observed between nurses included non-verbal innuendo, followed by verbal affront, backstabbing and undermining.
- Less than 50% of respondents were 'confident' in managing an abusive situation with a nursing colleague.
- 60% indicated they did not report an abusive situation to their nursing supervisor.
- Main reasons for not reporting abuse to the supervisor included a belief that nothing would happen or change anyway, intimidation, fear the abuse would get worse, and the supervisor was the abusive person.
- Of those who did report, 60% indicated it did not stop the behaviour.
- When asked if they believed abusive behaviour was tolerated in their workplace setting, 62% stated 'yes'.

♦**Responses to abusive behaviour among co-workers** Although employers have traditionally focused on promoting physical safety in the workplace, many organizations are now recognizing the importance of

protecting the psychological safety and well-being of employees. The workplace is an important influence on employee mental health[68] and it is essential that occupational stressors such as co-worker abuse are eliminated.

National and provincial organizations have responded to the need to improve psychological health and safety in the workplace generally, and to address the issue of co-worker abuse specifically. Employers and employees are not facing this situation alone.

Mental Health Commission of Canada (MHCC). The MHCC has published numerous documents on improving psychological health in the workplace for both employers and employees:

- ***The Shain Reports on Psychological Safety in the Workplace (2009, 2010):*** These are a series of legal reports that describe a rapidly emerging legal duty of employers to provide a psychologically safe work environment that parallels the duty to provide a physically safe workplace[68,69]. By definition, a 'psychologically safe workplace' is one that:

  > ***permits no harm to employee mental health in careless, negligent, reckless or intentional ways, and in which every practical effort is made to prevent foreseeable injury to the mental health of employees***[68,69].

  Currently in Canada, courts and tribunals are becoming increasingly intolerant of workplace factors that threaten employee psychological safety, and are insistent upon more civil and respectful behaviour in the workplace and avoidance of conduct that could lead to mental injury[69].

- ***Canada's 'National Standard on Psychological Health & Safety in the Workplace' (2013)****:* The national standard is a voluntary standard that provides a systematic approach and best practices for Canadian employers to follow in developing and implementing a psychologically safe and healthy workplace[70].

Provincial OH&S 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 and Safety Act, Regulation and Code set out the legal requirements that employers and employees must meet to protect the health and safety of workers[71]. Outside of the general duty clause of the Code for employers to ensure the 'health and safety' of employees, the legislation refers only to the specific duty of the employer to control workplace violence that causes or is likely to cause *physical injury*[71]. It does not expressly cover mental/psychological injury[72,73].

Health Quality Council of Alberta (HQCA). In 2013, the HQCA released a provincial framework for managing disruptive behaviours in the workplace[74]. 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.

College of Licensed Practical Nurses of Alberta (CLPNA). The Standards of Practice and Code of Ethics for LPNs provide clear expectations of behaviour within professional work relationships. Further, the Competency Profile for LPNs provides the expected knowledge, skills and attitudes for effective communication, assertiveness, conflict management, team collaboration, patient safety and respectful practice environments.

At times, LPNs may find it difficult to consistently meet the standards of practice established by CLPNA in a practice environment and workplace culture that tolerates abusive behaviour. However, LPNs are responsible to act professionally and ethically and to be accountable for their own practice. CLPNA recognizes that complex problems within the culture of nursing and healthcare organizations require multifaceted system solutions. The Institute of Medicine affirms that system solutions are more far-reaching and effective at addressing the underlying root cause of human performance issues as opposed to naming, shaming and blaming an individual nurse[75].

PROMOTING EVIDENCE-INFORMED PRACTICE

A cultural shift from a practice environment that tolerates abusive behaviour to one that supports, promotes and rewards a healthy, respectful and psychologically safe workplace is fundamental to addressing and eliminating co-worker abuse among nurses. As in most dysfunctional situations, the first step toward change is admitting a problem exists[51]. LPNs can become effective change agents through their understanding of co-worker abuse from a theoretical basis, evidence from the research literature and findings from the member survey. LPNs also

require understanding of the principles and application of these principles to guide evidence informed best practices in recognizing, addressing and managing co-worker abuse in the workplace. Employers must also commit to creating practice environments that showcase principles of healthy and respectful workplaces to break the cycle of disrespect and abuse among healthcare colleagues.

BEST PRACTICES TO ADDRESS CO-WORKER ABUSE

Underlying Principle	Application of Principles
LPNs reflect on their behaviour and seek feedback from others to determine if their own actions are abusive to others.	▪ Maintain an on-going self-assessment of your verbal and non-verbal behaviour when communicating with others. ▪ Seek feedback from others on how you behave towards students, new nurses and colleagues, knowing these appraisals of your behaviour may be more accurate than your own self-perceptions (fish-and-water effect).
LPNs maintain knowledge and competence in recognizing, addressing and eliminating co-worker abuse.	▪ Be aware that there is a difference between 'normal' disagreements and co-worker abuse. Develop the knowledge and skill required to recognize these differences. ▪ Seek out learning resources to keep informed and knowledgeable of best practices to combat abusive behaviour in the workplace.
LPNs use strategies at an individual level to address abusive behaviour and bullying in the workplace.	▪ A variety of professional behaviours can help overcome abusive behaviour among nurses in the workplace[8]: ▪ Accept your fair share of the workload. ▪ Be co-operative with regard to the shared physical space. ▪ Be willing to help. ▪ Work cooperatively despite feelings of dislike. ▪ Address co-workers by their first name and ask for help when needed. ▪ Establish eye contact when communicating with co-workers. ▪ Do not engage in conversation about another co-worker. ▪ Do not publicly criticize another colleague. ▪ Assertive communication is an excellent tool to address abusive behaviour[12,24]: ▪ Firmly tell the person that his or her behaviour is not acceptable and ask them to stop. ▪ Keep a factual journal of abusive occurrences including date, times, witnesses and description of the behaviour. ▪ Keep copies of any threatening written materials from the person. ▪ Report the abuse to your supervisor. If your concerns are minimized, or you feel you cannot approach the supervisor, proceed to the next level of management as indicated in agency policy. ▪ Cognitive rehearsal is a well recognized best practice assertive communication strategy to manage an abusive situation[33]. It is a way of changing behaviour and responses to events through techniques in which people learn specific responses to specific situations[33]. In a research study, new nursing graduates were taught appropriate assertive responses for each of the ten most frequent forms of horizontal violence among nurses (see Table 1). For example, in situations of 'verbal affront' such as a snide remark, nurses were taught to state, 'Individuals I learn the most from are clear in their directions and feedback. Can we structure our conversation that way?' The nurses rehearsed the appropriate responses and were able to confront nursing peers during abusive situations. The behavioural intervention of cognitively rehearsed

	statements/assertive responses empowered the new nurses and positively influenced changes in the actions of abusive nurses. ▪ Take a collaborative approach to workplace abuse and look out for each other[76]. Intervene when a colleague is being bullied and support the victims by encouraging them to report the incident. Silence only perpetuates the cycle of co-worker abuse. ▪ Remember what it was like to be a new nurse. Treat new nurses the way you would have wanted to be treated as a newcomer[51]. ▪ Make an effort to welcome new nurses and help them feel they are part of the group[51]. ▪ Understand that many organizational factors in the workplace contribute to increased stress. Production pressures, increased patient acuity, heavy workloads and working short-staffed represent significant psychological hazards or occupational stressors in the workplace. Under these work conditions, anyone can have a bad day. Nurses may respond to others discourteously. A quick acknowledgement of the negative behaviour and a sincere apology can prevent hurt feelings, emotional pain and inadvertent psychological harm to a nursing colleague. The work environment is stressful enough, without adding nurse aggression as an additional source of work-related distress.

LPN managers, supervisors and educators maintain accountability and responsibility in addressing, managing and eliminating co-worker abuse in the workplace at individual, unit and organizational levels.	▪ Nurse leaders have an important role to play in preventing and correcting abusive behaviour among nursing colleagues. They have a responsibility to become knowledgeable about co-worker abuse and its causes; to recognize the behaviour and be aware of the impact it has on staff, patients and the organization; to role model positive, respectful behaviours and to act upon reported instances of abuse.
	
	▪ The following best practices are recommended for managers to stop the cycle of abusive behaviour among nurses[35,24,34]:
	  ▪ Analyze the culture of your work unit; observe for verbal and non-verbal abuse and other potential signs and symptoms of abusive behaviour in the workplace (stress and tension between staff, poor morale, increased absenteeism, declining work performance).
	  ▪ Raise the issue at staff meetings or hold focus groups to identify the extent of the problem.
	  ▪ Help staff recognize that workplace bullying is a serious matter.
	  ▪ Allow staff to talk about their feelings of abusive behaviour.
	  ▪ Encourage nurses to recognize the value of their ‘voice’. Once nurses are able to do so, they can effectively speak up, listen to other nurses and value each other in their own right. The experience can be liberating and empowering[77]. It can help nurses break from feelings of oppression.
	  ▪ Name the problem behaviour when you see it and for what it is – use the term ‘abusive behaviour’, ‘psychological abuse’, ‘horizontal violence’ or other term according to agency policy definitions. You must name something before you can recognize it and do something about it.
	  ▪ Educate staff about oppression and other theories that describe the root cause of abusive behaviour among nurses.
	  ▪ Reduce fear of reporting abusive behaviours and protect the individual from retaliation.
	  ▪ Ensure there is a process for dealing with abusive occurrences and be responsive when instances are brought to your attention.
	  ▪ Treat all complaints seriously and confidentially, and resolve issues promptly before

they become serious or escalate.
- Enforce the code of conduct policies of the organization.
- Engage in self-awareness activities and reflective practice to ensure your leadership style does not support abusive behaviour.
- Role model positive behaviours consistently.
- Attend education/training sessions on how to effectively deal with bullying and other forms of abusive behaviour in the work setting and investigate reported occurrences.
- Provide support to staff-victims and ensure they receive counselling and other available support services.
- Provide nursing staff with education in conflict management skills and empower them to defend against bullying and other forms of abuse in the workplace.
- Hold all team members accountable for modelling desirable behaviours.
- Encourage staff to treat one another in a respectful and professional manner.
- Develop knowledge and skill in creating a culture of dignity and respect and a psychologically safe and healthy, quality practice environment.
- Champion the organization's expectations of a healthy workplace culture.

CONCLUSION Abusive behaviour among nurses is a significant problem within the profession, and is recognized as a major occupational stressor or psychological hazard in the workplace. It creates a toxic environment with serious consequences to victims, bystanders, organizations and patients. Licensed Practical Nurses are accountable to practice competently, safely and ethically in a manner that is respectful to others and contributes positively to a safe and healthy work environment. This accountability is conferred in the Standards of Practice and Code of Ethics of the profession. Employers are responsible to protect the health and safety of their employees in the workplace under legislation. Emerging legal trends in Canada are signaling the need for employers to focus equal attention on protecting the psychological health of their employees, in addition to protecting their physical health and safety. By advocating for psychologically healthy and safe work environments, Licensed Practical Nurses can protect their own health and the health of their co-workers, promote patient safety, deliver high quality nursing care and positively affect the nursing culture in which they work. A physical lift device can go a long way to protect a nurse's back from physical injury; and it is time that the same effective measures for physical well-being are implemented to protect a nurse's mental health and emotional well-being from abusive co-workers in the workplace[72].

DEFINITIONS

Norm	a standard or principle of right action/behaviour binding upon the members of a group and serving to guide, control, or regulate proper and acceptable behavior (back to top)
Covert	action or attitude not openly shown; concealed; disguised (back to top)
Overt	action or attitude shown in an open and obvious way (back to top)
Adverse events	a negative patient outcome such as injury, permanent disability or death resulting from clinical error (back to top)
Healthy workplace	defined by the World Health Organization as one in which workers and managers collaborate to protect and promote the health, safety and well-being of all workers[78]. From an almost exclusive focus on the physical work environment in past, the definition has broadened to now include psychological factors. (back to top)
Respectful work environment	one where employees and employers treat one another with respect, consideration and tolerance[79]. It is based on an organizational culture that recognizes diversity, expects courteous communications, and effectively addresses disrespectful behaviour, harassment, discrimination and bullying. (back to top)
Culture of psychological safety	one in which there is a shared commitment within the organization to promote and protect the psychological well-being and safety of employees by taking actions to identify and address mental health risks in the work environment[79]. (back to top)

OTHER PUBLISHED SUPPORTIVE DOCUMENTS

This Practice Guideline is linked to other supportive documents:

FACT Sheet: Did You Know? Abuse is a Learned Behaviour in Nursing
FACT Sheet: Co-Worker Abuse is a Threat to Patient Safety

RESOURCES

Modern Nurse Nancy by Carrie Szejk, 2004. Located at: http://yjhm.yale.edu/archives/ysn2004/cszejk.htm

LEADS Framework in a Caring Environment. Professional Development. Located at: http://www.cchl-ccls.ca/default_conferences.asp?active_page_id=6492

Northern Lakes College Certificate Program for Advanced Skills for Leadership. Located at: http://www.northernlakescollege.ca/programs_details.aspx?id=4150

Alberta Government, Alberta Learning Information Service. (2013). Tips Sheet: Bullies at Work: What to Know, What You Can Do. Located at: http://alis.alberta.ca/ep/eps/tips/tips.html?EK=11608

Reihl, G. (2012). Managing Lateral Violence and its Impact. PowerPoint Presentation. Located at: http://www.slideshare.net/griehl/managing-lateral-violence-and-its-impact

Griffin, M. (2004). Teaching cognitive rehearsal as a shield for lateral violence: An intervention for newly licensed nurses. Located at: http://baylorirvinged.files.wordpress.com/2011/07/lateralviolence1.pdf

DOCUMENT REVIEW

This document has been reviewed by practicing LPN's across of variety of nursing roles and work settings in Alberta and by LPN Practice Consultants in other provinces.

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