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# Guidelines on Unprofessional Behaviour in the Workplace and its Management[1,2]

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### Purpose of Guidelines

The Health Practitioners Competence Assurance Act (the **HPCA Act**) mandates the New Zealand Psychologists Board (the **Board**) to assure the public of New Zealand that registered psychologists are fit to practise and that they provide high quality and safe services. In order to meet these obligations the Board has adopted the Code of Ethics for Psychologists Working in Aotearoa/New Zealand (the **Code**), 2002 (developed in conjunction with the New Zealand Psychological Society and the New Zealand College of Clinical Psychologists) as a guide to ethical practice. The Code delineates the manner in which psychologists ought to carry out their practice. All other statements of how psychologists should or must conduct their practice must be consistent with the Code and its ethical principles of respect for the dignity of persons, responsible caring, integrity in relationships and responsibility to society.

Guidelines adopted by the Psychologists Board (the **Board**) support psychologists in providing competent and ethical practice by translating or expanding on the Code in relation to more specific aspects of their professional behaviour. Guidelines are not definitive, binding, or enforceable by themselves. They have the least authority of any of the regulatory documents. However, a disciplinary body may use the guidelines in evaluating a psychologist's knowledge and competency. Guidelines are recommendations rather than mandatory standards, but supplement the Code of Ethics which is the highest and most aspirational regulatory document.

Professional conduct includes the relationships with colleagues and other professionals that are necessary for practice. Effective multidisciplinary team functioning is often essential for good client care. Within organisations good relationships are fundamental to creating productive and healthy environments for all stakeholders. Conversely unprofessional behaviour may directly undermine client care, may be destructive of the work culture and indirectly reduce the ability of an organisation to achieve its objectives. Therefore maintaining high standards of professional behaviour is important in protecting public health and safety, as well as maintaining the reputation of the psychology profession.

It is expected that employing organisations will have HR policies which employees are required to adhere to. A psychologist is expected to uphold the Code as their primary obligation, to meet their contractual commitments to an employer, and to be guided by these guidelines as an elaboration of the expected standard of professional conduct.

[1] The Board expresses its appreciation to the Medical Council of New Zealand who gave permission to the Board to adapt their December 2008 guidelines.

[2] These best practice guidelines were first adopted by the Board in May 2010. They are due for review in May 2012.

## What is and what is not unprofessional behaviour?

Chronic and repetitive inappropriate behaviour that adversely affects the effective functioning of other staff and teams is unprofessional. Single or intermittent serious impulse control problems that are out of proportion to precipitating stressors may also generate behaviour which is considered unprofessional. Much behaviour that could be considered unprofessional may be identified in organisations' human resource policies as misconduct or serious misconduct and should be addressed accordingly.

Such behaviours include but are not limited to:

- bullying or intimidation;
- sexual harassment;
- racial, ethnic or sexist slurs;
- loud, rude comments;
- abusive or offensive language;
- persistent lateness in attending meetings without reasonable cause;
- offensive sarcasm, condescension or surliness;
- threats of violence, retribution or vexatious litigation;
- demands for special treatment;
- passive aggression, including refusing to perform an assigned task or exhibiting uncooperative attitudes during routine activities;
- unwillingness to discuss issues with colleagues in a cordial and respectful manner;
- accusing others of showing psychopathology or a psychological disorder as a means of discounting or dismissing their opinion;
- undermining the approaches to treatment used by others when treating a client in common; and
- excessive criticism of others.

There may be a direct impact on patient care when this behaviour occurs in clinical situations. The effectiveness of organisations may be significantly impaired by such behaviour.

Criticism offered in good faith, with the intention of improving patient care or improving a service delivered, is appropriate professional behaviour. Lawful industrial action is not unprofessional. Personal conflict between individual team members, whether in District Health Boards or in other institutions, may not necessarily indicate unprofessional behaviour by any one individual and should not necessarily be treated in such a way.

## Organisational relationships

Unprofessional or disruptive behaviours may occur when an individual is in a dominant power relationship with another or with a group and therefore in a particularly influential position. It is important that individuals with such power use it wisely and appropriately.

Teams may be characterised by hidden agendas, competitiveness, dominant or submissive members, role rigidity and hierarchical structures.

Functional organisational relationships are collaborative and are based on members' collective goal orientation and shared trust. Effective work relationships are promoted by a strong sense of community, open communication and matching tasks with each person's strengths. Team leaders should promote collaboration by sharing power based on knowledge and experience, distributing functions among all team members and paying attention to communication processes**.**

## Use and Misuse of the Leadership Role

Leaders should be trustworthy, dependable and supportive. Appreciation for jobs done, listening to each person's point of view and acts of kindness all foster the sense of community and social cohesion.

A leader has a particular responsibility to maintain group and task oriented behaviour. The qualities required of a leader include:

- The ability to perceive reality and to provide guidance to the team to adapt to the environment.
- The ability to communicate a sense of mission to the group.
- The ability to enable each member to reach their potential, while dealing fairly and humanely with those who are performing less well.
- To determine a culture based on integrity, trust and fairness.
- To enable the team to encompass change as an opportunity for growth and development.

A successful leader must enter into non-competitive relationships with those with whom they work and to enjoy their vicarious success. A leader ideally possesses the resilience and hardiness to show confidence, survive criticism and competitive envy by making a distinction between responses to him or her as a person, as compared to those provoked by the leader as a symbol of authority. Tolerance of ambiguity and an ability to make decisions with incomplete information are also important psychological capacities.

The leader needs to set, reflect and maintain the standards of the group to the broader ethical standards set by the profession. However all members of a professional group are responsible for the maintenance of standards and individuals should not collude with poor professional conduct in leaders who have been idealised. If the maintenance of standards becomes the exclusive province of the leader, then it is fallible to misguided loyalties, denial and avoidance.

Work relationships are usually based on expectations that others will adhere to an expected code of behaviour. A betrayal of trust can occur when pivotal expectations are not upheld. Managerial behaviour which may betray the trust of subordinates may include:

- coercive or threatening behaviour,
- withholding of promised support,
- blaming of employees for personal mistakes,
- favouritism,
- improper dismissal and misuse of private information,
- changing the rules "after the fact",
- breach of contract,
- broken promises or lying,
- stealing of ideas and plagiarism,
- wrong or unfair accusations, and
- the disclosure of confidential information.

Psychologist managers who need to manage performance issues with subordinates, enact the HR policies of the organisation, or otherwise act to uphold standards of competence and conduct are not acting unprofessionally as long as they uphold the Code.

## The clinical supervision relationship

A clinical supervisor has inherent power due to the implicit or explicit evaluative component and the hierarchical relationship.

Supervision power used wisely to empower the supervisee or to establish a collaborative relationship helps give a sense of safety. The supervisor empowers the supervisee by minimising the power differences; giving the supervisee choice; allowing the supervisee to make decisions and live with the consequences of those choices; and by affirming their experience, knowledge and wisdom. Collaborative supervision is based on goodwill and transparent power relationships, to enable an ongoing dialogue to meet the standards of the profession and to ensure the well being of the clients.

The supervisor may generate a lack of safety by misusing their power, including by:

- forcing a supervisee's self-disclosure,
- providing unwanted therapy to the supervisee,
- sexual harassment,
- over-focussing on the supervisee's mistakes,
- labelling the supervisee as showing psychopathology,
- verbally attacking,

- assigning an excess workload to the supervisee without providing adequate supervision,
- using supervision to meet the supervisor's social and emotional needs,
- forcing a supervisee to adhere to the supervisor's theoretical framework, and
- breaching confidentiality.

The supervisee also has power in the supervision relationship which may be misused by:

- withholding important information from supervision (which may have negative consequences for the client);
- evaluating the supervisor unfairly and thereby negatively affect that person's reputation and career through false accusations; and
- failing to follow conflict resolution channels such as by talking to somebody higher up, rather than addressing the issue with the person directly.

The supervisee may use their power positively by sharing feedback with the supervisor; influencing peers positively; choosing what to share and what to withhold with regard to both personal and professional information; and exercising choice as a consumer.

## What effects can inappropriate inter-professional behaviour have?

Inappropriate inter-professional behaviour may have multiple impacts including**:**

- Causing teamwork to be impaired, putting the successful delivery of programmes and interventions at risk.

- Client care may become poorly coordinated, thereby compromising client safety and well being. Alternately, organisational collaboration may be reduced, impairing organisational efficacy.

- Professional relationships may be distorted as others avoid the professional exhibiting the behaviour, hesitate to ask for help or clarification, and/or avoid making suggestions and constructive critique that may have otherwise improved services. The deterioration of relationships may lead to professional isolation and a perpetuation of the troublesome behaviour through the lack of challenge.

- Clients may receive confusing and mixed messages.

- Staff morale may be reduced and there may be an increase in workplace stress. More time and effort may be spent responding to morale problems and dealing with resignations, creating an environment that is unappealing to other professionals.

- Staff retention may be reduced causing increased financial costs for the employer. The behaviour affects the reputations of employers, the organisation and the psychology profession. Organisational resources may be consumed by frequent recruiting.

- A workplace in which this behaviour is exhibited creates a poor quality learning environment for students who may be inhibited in asking for help or may learn inappropriate behaviour modelled by senior colleagues.

## What can cause unprofessional behaviour?

Although each individual is responsible for their own behaviour, such behaviour is often caused by a complex interplay of work and systems issues, as well as health and personality issues. Relevant factors may include:

1. Personality issues or communication skill deficits such as:
   - lacking the skills to constructively express an alternative opinion;
   - having a personality style that creates conflict with others or a drive for autonomy;
   - personal dislike;
   - differences in knowledge, beliefs or basic values;
   - a need to release tension; and/ or
   - behaviour modelled on experiences of disruptive behaviour during training.

2. Health or lifestyle matters such as:
    - fatigue;
    - mental illness, especially depression, bipolar disorder, or substance abuse;
    - physical illness, for example, early dementia or chronic illness, pain or sleep deprivation; and/or
    - domestic factors such as personal relationships, custody issues, financial problems or children in trouble.

3. Work matters such as:
    - relationships with colleagues, for example, bullying, a sick colleague, a poorly performing colleague, or perceived racism;
    - competition for a position, for power or for recognition;
    - differing perceptions or attitudes generated by the structure of the organisation;
    - systems stressors such as inadequate staffing or roster issues; and/or
    - multiple jobs causing over commitment.

Any intervention by psychologist leaders and managers should be informed by the perceived causative factors in discussion with the practitioner concerned.

## Suggested strategies to manage unprofessional behaviour

Strategies for dealing with behaviour that disrupts team work and has the potential to adversely affect service delivery include the following suggestions. This is not an exhaustive list, and any action a professional team or an organisation takes should always factor in the specific context of the situation and local policies and procedures.

### 1. Make it clear that disruptive behaviour is unacceptable

Establish a code of conduct that defines both acceptable and disruptive behaviour. Professional teams and organisations should adopt a consistent, proactive "zero tolerance" approach to destructive behaviour and enforce the policy consistently throughout the organisation.

### 2. Develop policies and processes to manage disruptive behaviour

If there are no policies or processes in place, create and implement a process for managing disruptive and inappropriate behaviour, congruent with the organisation's culture. All processes must comply with current employment law and should include a systematic approach to recording the behaviour. If an individual has multiple reports of such behaviour, this is a strong indicator that action is needed. Apply policies and processes promptly and consistently. Early intervention is more likely to discourage continued poor behaviour.

### 3. Ensure that all staff are aware of behavioural expectations and reporting processes

All staff should be aware of their organisation's expectations and policies on unprofessional behaviour, including how to report concerns about such behaviour. Reporting is essential to creating an environment that does not accept this behaviour.

### 4. Address the problem

If such behaviour is ignored, it can become an entrenched problem. Hold individual team members accountable for their behaviour. Adopt a step-by-step process for dealing with the problem. Where possible, involve and take advice from the organisation's Human Resource Department. Where appropriate, make educational, institutional or health-related programmes available to psychologists who seek help.

If there are perceived to be relevant causative factors contributing to the dysfunctional behaviour, interventions should be offered in discussion with the psychologist concerned. Where possible this assistance should be offered within a culture of support, collaboration and constructive action, while maintaining zero tolerance for the disruptive behaviour.

**5. Reduce fear of retribution and intimidation**

Include non-retaliation clauses in the code of conduct, to remove the barrier to reporting arising from bullying tactics.

**6. Ensure the same standards apply to all**

The Code of Conduct applicable to those with greater power should be the same as those with less status or control.

**7. Create a high performing work environment**

Create and sustain a high-performance work culture that focuses on attaining organisational goals by enabling individuals and groups at all levels to maximise their full potential.

**8. Reward positive behaviours**

Recognise and reward behaviours that demonstrate collaboration, respect and a high regard for personal ethics.

**9. Provide skills based training**

Coaching in relationship building and collaborative practice may proactively build an alternate culture.

**10. Build a positive culture**

Trust is the foundation for any successful collaboration. If people within a team or organisation trust one another they can acknowledge success and failure, as well as seek input from one another. Diversity should be valued as that broadens the range of potential solutions and enables individuals to learn from one another. A culture which encourages an open attitude to new ideas, respectful interaction and effective communication enables everyone to contribute their ideas without fear of criticism and ridicule.

**11. Take further action**

If all else fails, consider whether the problem reaches the threshold for reporting to the Board (see below).

## Your obligations under the HPCA Act

The Board should only be involved when:

- the behaviour poses a risk of harm to the public, such as when it impacts on client care;
- it impacts on team functioning and the work place culture and thereby reduces the ability of others to function in their professional roles;
- the behaviour is in breach of the Code of Ethics; and
- where other steps to performance manage the behaviour have failed.

If you consider that a psychologist's behaviour poses a risk to public health and safety, and is not amenable to change through local management, you should notify the Board.

## ➢ Health concerns

Under section 45 of HPCA Act, health practitioners and their employers must advise the appropriate regulatory authority if they have reason to believe that a psychologist or other health practitioner has a mental or physical condition that is affecting performance.

## ➢ Competence or conduct concerns

Colleagues are encouraged to report any concerns about a psychologist's competence and conduct to the Board. If there is a serious concern, contact the Board's Registrar immediately. If a health practitioner is concerned that a psychologist may pose a risk of harm to the public by practising below the required standard of competence, the health practitioner may notify the Board's Registrar under section 34(1) of the HPCA Act.

## ➢ Termination of employment due to competence concerns

Under section 34(3) of the HPCAA, when a psychologist resigns or is dismissed for incompetence, their employer *must* advise the Board's Registrar of the reasons for the resignation or dismissal. A person notifying the Board consistent with section 34 or section 45 of the HPCAA is protected from civil or disciplinary proceedings unless that person has acted in bad faith.

## Further information

Contact the Board for queries or advice:


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This set of guidelines is next due for review in May 2012.

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