

# Guidelines on Unprofessional Behaviour in the Workplace and its Management<sup>1</sup>

November 2020

#### The Board's Guidelines

By law, the New Zealand Psychologists Board must be sure that psychologists are fit to practise and that they provide high quality and safe services.

The Board has a Code of Ethics for Psychologists Working in Aotearoa/New Zealand (the **Code**). The Code helps practitioners and the public understand the expectations placed on psychologists. The Board developed the Code with the help of the New Zealand Psychological Society and the New Zealand College of Clinical Psychologists. The Board also developed Core Competencies to describe the competencies a registered psychologist must have.

The Code describes how psychologists should carry out their practice and the ethical principles of:

- the dignity of persons
- responsible caring
- integrity in relationships
- responsibility to society.

Together, the Code and the Core Competencies help the Board ensure psychologists are practising safely.

The Board expects psychologists to uphold the Code, meet their contractual commitments to their employers, and follow the required standards of professional conduct described in these guidelines. A psychologist's failure to meet these standards may negatively impact their clients, professional colleagues, employer, and the reputation of psychologists.

Professional conduct includes relationships with colleagues and other professionals that are necessary for practice.

Employing organisations should have human resources policies which include expectations of behaviour which employees must meet.

# What is, and what is not unprofessional behaviour?

Behaviour is unprofessional if it negatively affects clients or the work of other staff and teams. Unprofessional behaviour can relate to one incident or repeated incidents.

Descriptions of unprofessional behaviour should be included in organisations' human resource policies as misconduct or serious misconduct and treated accordingly.

Unprofessional behaviours include:

- bullying or intimidation
- sexual harassment
- threats of violence, revenge or malicious legal proceedings
- racial, ethnic or sexist slurs

- abusive or offensive language
- loud, rude comment
- offensive sarcasm, condescension or surliness
- demands for special treatment
- passive aggression, including refusing to perform an assigned task or cooperate during routine activities
- persistent lateness in attending meetings without reasonable cause
- unwillingness to discuss issues with colleagues in a cordial and respectful manner
- accusations of psychological disorder as a means of discounting or dismissing others' opinions
- undermining the approaches to treatment used by other practitioners when treating a client in common
- excessive criticism of others
- any other behaviour that does not meet accepted professional conduct.

It is not unprofessional to offer criticism in good faith to improve patient care.

Lawful industrial action is not unprofessional.

Personal conflict between staff members should not always be treated as unprofessional behaviour because it may have other causes.

# 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

Practitioners in senior or managerial positions must use their influence in a professional and appropriate way.

Inappropriate behaviour in a leadership position may include:

- coercive or threatening behaviour
- withholding of promised support
- blaming 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
- the disclosure of confidential information.

# The supervision relationship

A supervisor has inherent power over supervisees.

The supervisor empowers the supervisee by:

- minimising the power differences
- allowing the supervisee to make decisions
- affirming the supervisee's experience and professional opinions.

Supervisors can create a collaborative relationship with their supervisees if the relationship is based on goodwill and transparent power. Such a relationship enables the ongoing exchange of information and ideas to meet the standards of the profession.

The supervisor may misuse their power by:

- forcing a supervisee's self-disclosure
- providing unwanted therapy to the supervisee
- sexual harassment
- focussing too closely on the supervisee's mistakes
- labelling the supervisee as having mental health issues
- 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 use a theoretical framework
- breaching confidentiality.

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

- withholding information from a supervisor, resulting in negative consequences for the client
- evaluating the supervisor unfairly, or making false accusations to negatively affect the supervisor's reputation and career
- failing to follow proper conflict resolution channels.

The supervisee may use their power positively by:

- sharing feedback with the supervisor
- influencing peers positively
- choosing what personal and professional information to share.

# 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?

Factors that can cause unprofessional behaviour include:

- 1. Personality issues or inadequate communication skills, such as:
  - lacking the skills to express an alternative opinion constructively
  - having a personality style that creates conflict with others or a drive for autonomy
  - personal dislike
  - differences in knowledge, beliefs or values
  - a need to release tension
  - behaviour modelled on experiences of unprofessional 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
  - domestic factors such as personal relationships, custody issues, financial problems or parenting challenges.
- 3. Work matters such as:
  - relationships with colleagues, for example, bullying, a sick colleague, a poorly performing colleague, or perceived racism
  - competition with colleagues for a position, power or recognition
  - differing perceptions or attitudes generated by the structure of the organisation
  - systems stressors such as inadequate staffing or roster issues

Psychologist leaders and managers should discuss the causes of unprofessional behaviour with the practitioner concerned before deciding on what actions to take.

#### Suggested strategies to manage unprofessional behaviour

Strategies for dealing with unprofessional conduct include:

- 1. Ensure that all staff are aware of behavioural expectations and reporting processes
- 2. Establish a "zero tolerance" approach to unprofessional behaviour
- 3. Consistently apply policies and processes to manage unprofessional behaviour that comply with current employment law
- 4. Hold team members accountable for their behaviour and involve HR to implement appropriate responses that help the individuals
- 5. Reduce fear of revenge and intimidation by having "zero tolerance" to retaliation
- 6. Ensure the same standards apply to all management and staff
- 7. Reward positive behaviours
- 8. Provide skills-based training
- 9. Build a positive culture
- 10. Take further action, if necessary, by reporting to the Board

# Psychologist and employers obligations under the Health Practitioners Competence Assurance Act 2003 (the Act)

#### When to contact the Board

The Board should only be told about unprofessional behaviour when other steps to help the practitioner have failed, and the behaviour:

- poses a risk of harm to the public, such as when it impacts on client care;
- impacts the workplace culture and affects the ability of other team members to perform their professional roles; or
- is in breach of the Code of Ethics.

#### Health concerns

Psychologists and their employers must tell the Board if they believe that a psychologist or other health practitioner has a mental or physical condition that is negatively affecting performance.<sup>1</sup>

# Competence or conduct concerns

Colleagues are encouraged to report any concerns about a psychologist's competence and conduct to the Board. If they have a concern that the competence or conduct poses a risk of harm to the public, they may tell the Board's Registrar immediately.<sup>2</sup>

# > Termination of employment due to competence concerns

If a psychologist resigns or is dismissed for reasons relating to their competence, their employer *must* promptly write to the Board giving reasons for the resignation or dismissal.<sup>3</sup>

# Protection of people telling the Board about a psychologists behaviour

If a person tells the Board about a psychologists behaviour, they are protected from any legal action so long as they acted in good faith.<sup>4</sup>

### **Further information**

Please contact the Board for queries or advice on 0800 471 4580

<sup>&</sup>lt;sup>1</sup> Section 45 of the Act.

<sup>&</sup>lt;sup>2</sup> Section 34(1) of the Act.

<sup>&</sup>lt;sup>3</sup> Section 34(3) of the Act.

<sup>&</sup>lt;sup>4</sup> Section 34(4) of the Act.