

Working with care – improving working relationships in health and social care:

self-assessment tools for health and social care teams

A decorative graphic consisting of several overlapping, wavy lines in various colors (purple, yellow, green, orange, blue) that flow across the bottom half of the page.

Healthy workplace, healthy you
Dignity at work

Acknowledgements

This document was originally prepared in 2005 by Dr Diane Beale and Dr Phil Leather from the Institute of Work, Health and Organisations at the University of Nottingham.

The RCN has updated the introduction to this guidance to reflect up to date research. The self-assessment tools remain the same. A number of research papers cited in the original document remain the same as they are still valid.

The RCN would like to reiterate their thanks to the organisations who took place in the original focus groups and pilot studies:

- Queen's Medical Centre, Nottingham
- RCN Clinical Leadership Group
- University of Nottingham School of Nursing
- Chelsea and Westminster Healthcare NHS Trust, Thomas Macauley Ward
- Marie Curie Nursing Service, Tiverton.

Contents

1. Introduction 4

Aims of the initiative 5

Structure of the tools 6

2. Facilitator’s notes 7

Using the tools 7

Requirements for facilitators 7

Role of the team manager 7

Preparation 8

Procedure 8

Follow-up 10

Safeguards 11

3. References 12

4. Appendices: documents for participants 13

A. Individual assessment tool 13

Introduction to the self-assessment tools 13

Completing the individual assessment tool 14

Section 1: common positive behaviours 15

Section 2: common negative behaviours 17

Section 3: friendly behaviours open to misinterpretation 22

Section 4: retrieval behaviours 23

Section 5: reflection 24

B. Team assessment tool 25

Introduction 25

Section 1: team supportiveness 25

Section 2: problem scenarios 28

Section 3: suggestions for team action plan 28

C. Agreed team action plan 29

D. Follow-up progress form 30

E. Monitoring form 1 31

F. Monitoring form 2 33



Introduction

Through our working life we interact with many other people. The quality of these interactions can have a profound effect on our health and wellbeing, and our enjoyment of work. There is also a direct link between staff health and wellbeing and the quality of care. For example, research by Maben et al (2012) shows that patient experiences are generally better when staff feel they have a good local team and group work-group climate; co-worker support; supervisor support as well as job satisfaction; a positive organisational culture; organisational support and low emotional exhaustion.

Ideally, we enjoy good working relationships in supportive teams. However, most people encounter a mixture of positive and negative experiences in their relationships with colleagues. *Working with care* is a set of tools designed to encourage health and social care staff to examine their interactions with colleagues, to enhance the positive interactions and to increase awareness of negative interactions, some of which can amount to bullying and harassment. The RCN has identified bullying and harassment as problems that a significant proportion members encounter at work. Indeed, a number of studies have demonstrated that bullying and harassment are widespread in health care (RCN, 2012; Illing et al, 2013).



The terms bullying and harassment are used to describe behaviour that clearly causes humiliation, offence or distress, and that may interfere with job performance and/or cause an unpleasant working environment.

Bullying behaviour has been classified into five broad types:

- threat to professional status
- threat to personal standing
- isolation
- overwork
- destabilisation.

Harassment involves negative behaviour concerning a colleague's gender, sexual orientation, race, religion, age or disability. More detail is provided in the explanatory notes for the individual assessment tool. Work-related bullying and harassment should be seen not just as problems for the individuals involved, but also for the employing organisations. They are often caused by the interaction of organisational structures and systems with the individuals working in them. Consequently, there is no one remedy that will solve these problems. It is only by constant vigilance and a combination of measures integrated into the structures and the systems of work, and absorbed into the culture, that these problems can be tackled. Attention has to be paid to prevention of problems in the first place, to reaction or response when potential problems occur, and to rehabilitation of staff and organisational learning after a problem has occurred. Measures to reduce the occurrence and the effect of such problems have to involve staff at all levels of an organisation, and are implemented by the organisation centrally, by work teams and by individual workers. Such an integrated organisational approach examines policies, systems, procedures, practice and behaviour to ensure that they encourage a supportive culture.

Many health care organisations now have policies and procedures designed to address problems when they have occurred. However, little is in place to promote a change in culture so that bullying and harassment are less likely to occur in the first place. The RCN endorses a proactive approach to reducing bullying and harassment, with the aim of encouraging “a workplace culture in which everybody treats their colleagues with dignity and respect, and where all steps are taken to minimise the occurrence of bullying and harassment” (RCN, 2015). The establishment of such a culture requires action at organisational, work team and individual level. For example, the organisation should ensure that all its policies and systems regarding, for example, management structures, performance targets, appraisals and complaints procedures, are fair and do not implicitly encourage bullying or harassment. In addition, it should publicise its opposition to bullying and harassment by appointing advisers and devising equitable complaints procedures. The work team similarly can examine its procedures and practices to ensure that there is no inherent bullying, for instance of students, support staff or junior members of the team. In addition, for culture to change, individuals need to examine and change their own behaviour. Incremental improvements in individual’s behaviour then influence other people’s behaviour, reversing the downward spiral of incivility (Andersson and Pearson, 1999). If such a change took place in a significant proportion of the workforce simultaneously, then real improvement in the culture might result.

Working with care is a suite of tools for use in work teams at any level of an organisation. If the tools were endorsed for use throughout an organisation, they could assist in changing the culture to be more caring of staff and less accepting of bullying behaviour. These tools are only one part of an integrated approach to tackling bullying and harassment. Health and social care organisations should examine their policies, procedures, systems and practice to ensure fairness in normal working, to discourage a culture of bullying and harassment, and to guarantee fair and rigorous investigation of complaints.

Aims of the initiative

These tools are intended to:

- act as a means for individuals and teams to examine, and reflect on, their own behaviour
- encourage positive behaviour
- discourage negative behaviour
- increase understanding of behaviour that may be perceived to be bullying or harassment (whether intended or not)
- increase awareness of behaviour that might contribute to a climate in which antisocial behaviour is tolerated
- increase acceptance of strategies that might be used to retrieve a problem situation
- help to produce a supportive culture or team climate where bullying and harassment are unlikely to occur.

These tools are not designed to solve major bullying, harassment or other interpersonal problems between individuals at work. They should not be used with teams where such major problems are suspected.

The tools focus on the interplay between individual behaviour and team climate, and are designed to be relevant for teams at all levels of an organisation. Some fundamental principles for the approach taken are that:

- improvement in individual behaviour, team climate and organisational culture includes increasing positive behaviour as well as decreasing negative behaviour
- people may be more willing to think about negative behaviour when considered alongside positive behaviour
- individual behaviour and interactions in work teams need to be considered together for effective learning and improvement in team climate

- ideally, team exercises should be carried out by overlapping teams covering all levels of an organisation, including senior management, in order for the tools to be effective as a vehicle for improvement of overall organisational culture.

Note: Overlapping teams are teams that have one or more members in common. For example, a ward manager would not only be a member of a ward team but also a member of at least one management team.

Work teams might include, for example:

- people who work on a particular ward (nurses, health care assistants, clerical and other support staff, other clinical staff such as doctors, physiotherapists.
- staff of a community clinic
- the management board
- managers for a department or division
- a theatre team.

Structure of the tools

The tools consist of:

- individual assessment tool (IAT) to be completed by individuals in private before the group session (see Appendix A, page 13)
- team assessment tool (TAT) to be completed during a group session (see Appendix B, page 25)
- agreed team action plan (ATAP) to be completed at the end of the group session (see Appendix C, page 29)
- follow-up progress form (FPF) to encourage implementation of agreed action (see Appendix D, page 30).

You will need to download and/or photocopy these tools from this publication and supply the appropriate number of copies to the work team.



2. Facilitator's notes

Using the tools

These tools are intended for use in the majority of health and social care teams, where interactions between team members are within the normal range of positive and negative behaviour, or where relatively minor problems are suspected. Raising awareness of interpersonal behaviour and team supportiveness should help to prevent future problems and improve existing minor problems, for example where people are unaware that some of their behaviour could be perceived by others as bullying or harassment.

This tool is not designed to solve major bullying, harassment or other interpersonal problems between individuals at work. It should not be used with teams where such major problems are known or suspected.

Where major problems do exist, bullying and harassment advisers should work with the persons involved on an individual basis according to the policy of the relevant organisation. If only a small number of people are directly involved in the major problem, it might be appropriate to use the tools with the rest of the team. However, this should only be done after careful consideration of the particular circumstances.

This tool is not designed to solve major bullying, harassment or other interpersonal problems between individuals at work. It should not be used with teams where such major problems are suspected.

Requirements for facilitators

Facilitators using this exercise with a work team should:

- be skilled and experienced at handling sensitive issues in group sessions

- have some experience of work and circumstances similar to those of the team or, at the least, have some knowledge about such a work setting
- be independent from the team and should not know any members of the team well
- not have had any problematic encounters with any members of the team in the past
- not be in a position where they could be suspected of having a political reason, or ulterior motives, for wanting to find out about working relationships in the team.

Role of the team manager

Team managers or leaders should not facilitate the team session(s), but should normally be included in the exercise as any other member of the team attending one of the group sessions. However, team managers will obviously be important in organising the whole exercise. They will need to:

- sanction use of the tools with the work team
- arrange for staff to be able to attend a group session, including adjusting duty rosters where necessary
- ensure that all members of the work team receive all the information
- reassure staff about the confidential nature of the exercise
- set the example of using the exercise constructively, not as an excuse to gossip or scapegoat individuals
- act on the agreed team action plan(s) following the exercise.

Preparation

Facilitators must take time to familiarise themselves with the tools and the procedures before embarking on this exercise to ensure that they are fully prepared to conduct the group sessions.

Facilitators and team managers should work together to:

- arrange suitable time(s) and venue(s) for the group session(s):
 - in many health and social care settings it will be logistically impossible for all members of a work team to come together for a single session. In this case, it will be necessary to hold several sessions in as short a time period as possible so that everyone in the team is focused on the issues simultaneously. Sessions should be arranged to allow the maximum number of people to attend a session. The total number of sessions required will depend on the size of the team and the nature of the work carried out. Group sessions should normally involve six to 12 people.
 - if practical, the venue should be chosen to ensure that the session is not interrupted by work demands. Ideally, it should provide comfortable, informal surroundings that allow privacy, and it should be readily accessible to all members of the team.
- give appropriate information to all staff:
 - a letter should be given to all members of the work team explaining why the exercise is being carried out and what is involved in terms of time and personal involvement
 - practical information about times and venues should be given to all staff well in advance of the session. If arrangements have to be altered at the last minute, it is important that everyone due to attend the session gets the new information. It can be very counterproductive if some individuals are missed (check part-time staff and any

individuals who have unusual patterns of work)

- distribute the individual assessment tool (IAT) beforehand, if possible allowing individuals some time (30-45 minutes) and privacy to complete it while on duty
- encourage, but not pressurise, all members of the work team to complete the IAT and to attend the group session
- try to ensure that any members of the work team who find each other difficult to work with attend different group sessions
- ensure that staff counsellors and bullying/harassment advisers are aware that the exercise is occurring.

Procedure

- The tools are designed for use by all members of a work team (ideally by overlapping work teams throughout a health care organisation).
- The exercise consists of two stages.
- These may be completed consecutively at a half-day workshop, or stage 1 may be carried out more informally by distributing the IAT a few days before the stage 2 group session.

Stage 1 (minimum 30-45 minutes)

All team members complete the IAT, and read the accompanying explanatory notes, to help them think about their own attitudes and behaviour towards other team members, both positive and negative. The IAT is the heart of the suite of tools and staff need to be given the chance to consider it carefully. The IAT may be distributed and completed before the main session, and is best completed in private. Facilitators should:

- make clear to all members of staff that individuals are not required to show their completed IAT to anyone else
- emphasise that the issues raised in the IAT are essential background for the group session

- if the IAT is completed as part of a workshop, allow at least 30-45 minutes so that members of staff do not feel rushed but have time to think about their behaviour.

Stage 2 (minimum one-and-a-half to two hours)

Stage 2 consists of a group session, which uses the team assessment tool and the agreed team action plan. During the session, facilitators should:

1. introduce the session (10-15 minutes)

- Deal with housekeeping for the session such as practicalities and safety issues.
- Explain the purpose and structure of the session.

1a. emphasise its constructive nature

- Establish confidentiality by agreeing that what is said in the session remains absolutely confidential to the people present, and that any information gained will not be used to harm any other member of the group in any way. Explain that the group will produce an agreed team action plan, which will be shared with other members of the work team, and passed to the operational team leader. Explain that participants take away their own assessment tools to dispose of how they wish.
- Ask participants whether they have all had the opportunity to complete the IAT. Provide spare copies in case some have not seen it.
- Ensure that participants have information about further support such as staff counsellors and bullying/harassment advisers.
- Invite and answer queries that participants have concerning the exercise.
- Ask participants to introduce themselves very briefly to ensure they are all known to each other.

2. complete the team assessment tool Section 1: team supportiveness (20-25 minutes)

- Distribute the team assessment tool (TAT) and ask participants to read through the introduction and to complete Section 1: team supportiveness individually (allow 10 to 15 minutes). This section examines and affirms positive team behaviour, and uses questions similar to those used in section 1 of the IAT. Again emphasise that individuals are not required to show their individual responses to anyone else.
- Invite discussion about positive ways in which the team works together.
- If you judge that it would be appropriate and safe to do so, ask whether participants were surprised by anything that was included in the IAT.

3. complete the team assessment tool Section 2: problem scenarios (30-40 minutes)

- Ask the group to discuss how the team would/should manage the problem scenarios given in Section 2. If there is insufficient time to discuss all the scenarios, select those that are most appropriate to the particular team.
- Allow more general discussion, if appropriate.



4. complete the agreed team action plan (25-30 minutes)

- Ask the group to write in their own TAT suggestions about:
 - a) positive aspects of team climate already present and actions to maintain those positive aspects
 - b) aspects of team climate that need to be improved and actions to improve them
 - c) other comments they want to be recorded (allow five minutes)
- Share ideas and compile an agreed team action plan (ATAP) to enhance the team interpersonal climate, including any learning or training requirements.
- Check that the participants realise that this constitutes the feedback that may be communicated.
- To other members of the team who were not present at the session, and to managers.
- Check that all participants are in agreement with the ATAP. Remove anything that has not been agreed.

5. close the session (5-10 minutes)

- Ensure that all participants understand what will happen after the session in terms of follow-up of the ATAP(s) from the group session(s).
- Check that everyone is happy with the conclusion of the session and that no one has outstanding issues or queries concerning the session.
- Bring attention to the sources of support such as staff counsellors and bullying/harassment advisers.
- Re-emphasise the confidentiality of anything said in the session.
- Close the session.

Following each group session, facilitators should take a copy of the ATAP for their own records. After the final session for the work team, they should pass all the agreed team action plans together to the team manager along with a brief overview of the sessions, being careful to maintain strict confidentiality.

Facilitators and team managers should discuss how the agreed team actions plans should be shared with the rest of the team and taken forward.

Follow-up

Completion of the tools and participation in a group session will not resolve all problems overnight and forever. It is important that this exercise is seen as the beginning of an on-going process to enhance working relationships and produce a culture where bullying and harassment are less likely to occur. Both short-term and long-term follow-up are essential.

Short-term

If several group sessions have been held for a work team, the ATAPs should be shared with all members of the work team, but without breaking confidentiality (see Safeguards opposite). It is important in these circumstances that a short follow-up session is held to consolidate the findings of the separate groups and formulate an overall action plan using the follow-up progress form. A progress review might constitute part of a regular team meeting.

The overall action plan should be implemented as soon as practically possible in order to maintain the momentum initiated by the team exercise.

Long-term

This exercise should not be seen as a one-off, but should be repeated after a period of, say, two years, or if the work team changes substantially. Formulation of the overall action plan ought to include discussion of how the momentum of the exercise can be maintained in the interim.

Safeguards

One of the possible problems with the use of tools such as these is that any existing problems between members of staff might be exacerbated. This would be counterproductive. It is important that safeguards are built into the tools and their use.

Built in safeguards include:

- it is clear that individuals are not expected to show their completed assessment tools to anyone else. Individuals retain ownership of their own completed tools and may dispose of them as they wish
- the TAT is deliberately focused on positive and supportive behaviour rather than negative behaviour in order to promote supportive discussion
- the introductory notes stress that the TAT and discussion must be used constructively
- a statement of confidentiality is included in the introduction to the TAT.

Guidelines for use include:

- use an independent and skilled facilitator for the team session rather than using the operational team leader as the facilitator
- establish confidentiality by agreeing that what is said in the group session remains absolutely confidential to the people present, and that any information gained will not be used to harm any other member of the group in any way. Only the agreed team action plan may be shared with other members of the work team, and passed to managers for information
- emphasise throughout that the aims of the session are to encourage reflection and development, and to discourage a climate of blame and acrimony
- avoid the temptation to probe issues raised too deeply or to try to act as a counsellor. It is not always necessary for the facilitator to know all the details of a situation

- use progressive strategies to defuse situations that appear likely to lead to ill-feeling in the group session, such as:
 - acknowledging that the particular issue is causing some problems and steering discussion on to positive behaviours that are, or might be, used in relation to the issue
 - again, acknowledging the problem and moving discussion away from the contentious issue on to another subject
 - if the situation is becoming destructive, end the session, explaining why and reminding participants about confidentiality and the positive nature of the exercise
- ensure that staff counsellors and bullying/harassment advisers are aware that the exercise is occurring
- provide details of staff counsellors and bullying/harassment advisers to all team members involved in the sessions
- be aware that staff may choose to contact their trade union representative if they believe they are experiencing bullying and harassment.



3. References

RCN (2012) *Beyond breaking point – a survey report or RCN members on health, wellbeing and stress*. London: RCN.

Available online at www.rcn.org.uk/publications

RCN (2015) *Bullying and harassment – guidance on the prevention and management of bullying and harassment in health and social care organisations*. London: RCN.

Available online at www.rcn.org.uk/healthyworkplace

Andersson LM and Pearson CM (1999) *Tit for tat? The spiralling effect of incivility in the workplace*, *Academy of Management Review*, 24(3), 452-471.

Illing JC, Carter M, Thompson NJ, Crompton PES, Morrow GM, Howse JH, et al (2013) *Evidence synthesis on the occurrence, causes, consequences, prevention and management of bullying and harassing behaviours to inform decision making in the NHS. Final report. NIHR Service Delivery and Organisational programme; 2013*.

Available at www.nets.nihr.ac.uk/__data/assets/pdf_file/0006/.../FR-10-1012-01.pdf [accessed 29 June 2015]

Maben J, Peccei R, Adams M, Robert G, Richardson A, Murrells T and Morrow E (2012) *Patients' experiences of care and the influence of staff motivation, affect and wellbeing. Final report. NIHR Service Delivery and Organisation Programme; 2012*.

Available at www.nets.nihr.ac.uk/__data/assets/pdf_file/0007/.../ES-08-1819-213.pdf [accessed 29 June 2015]



Appendices: documents for participants

(To be downloaded and photocopied by facilitator.)

A. Individual assessment tool

Introduction to the self-assessment tools

Ideally, health care workers enjoy good working relationships in supportive teams. However, most people encounter a mixture of positive and negative experiences in their relationships with colleagues.

Unfortunately, there is evidence that some health care workers feel that they are, or have been, subjected to bullying or harassment (RCN, 2012; Illing et al 2103). *Working with care* is a set of tools designed to help health care workers and teams to improve interpersonal relationships by increasing positive experiences and decreasing negative behaviours. In particular, they should help to produce a culture or team climate where bullying or harassment are unlikely to occur.

The tools are designed for use by all members of a work team, ideally by overlapping work teams at all levels of a health care organisation. The work team should hold a session dedicated to exploring and enhancing the team interpersonal climate. The exercise consists of two stages.

Stage 1

In Stage 1, the individual assessment tool (IAT) is completed by each team member to help them think about their own attitudes and behaviour towards other team members, both positive and negative. The IAT may be distributed and completed before the main session. Individuals are not required to show their responses to anyone else.

Stage 2

Stage 2 is a group discussion in which the team uses the team assessment tool (TAT) to examine and encourage positive team behaviour, and to consider how the team would (or should) manage some problem scenarios.

Team members share issues that arise from completing the tools, but should anonymise examples of behaviour or difficult situations to safeguard individual identity and prevent any scapegoating. This is to encourage reflection and development, and discourage a climate of blame and acrimony. Again individuals are not required to show their individual responses to anyone else.

At the end of the session, the group produces an agreed team action plan to enhance the team interpersonal climate. This constitutes feedback that will be communicated to other members of the team, and to managers, who were not present at the session. However, anything else that is said or written, or anything that happens during the session has to be kept absolutely confidential to the group present at the session.

Please complete the individual assessment tool before the team session, even though you will keep it private and will not have to disclose your answers. The IAT and its explanatory notes cover issues that are vitally important as background to the team session. At the team session, you will talk about positive behaviours and pool constructive ideas for enhancing the team climate. This exercise is intended to improve interpersonal relationships and supportiveness within teams.

However, it deals with some sensitive matters. If you need to talk to someone about any issues raised, or if you want further information, you should contact a staff counsellor or the bullying/harassment adviser.

Completing the individual assessment tool

This individual assessment tool encourages you to examine your own behaviour towards others, to acknowledge and affirm positive behaviour, and to recognise and address negative behaviour. Complete the IAT being as honest as you can. There is no scoring and you are not expected to show your completed IAT to anybody else. It is simply a tool to help you reflect on how you relate to others at work and identify your own strengths and weaknesses. Some explanatory notes are provided. It will probably take you 20-30 minutes to complete the tool and read the explanatory notes.

In this tool, colleague refers to anyone else you work with, whether senior, junior, or at a similar level to you, whether clinical or non-clinical, managerial or support staff.

A few of the questions relate to people with managerial or supervisory responsibilities. If you do not have such responsibilities, you may not be able to answer the question. However, it is still important that you think about the question so that you are aware of the behaviour involved.



Section 1: common positive behaviours

Read the following statements. Think about how they relate to your normal behaviour at work. For each statement, tick the box that best represents

how much you agree or disagree. Some of these behaviours may seem trivial or so routine that you don't think about them. However, they are all-important. Such routine, positive behaviours create a friendly atmosphere and set a supportive culture (see explanatory notes overleaf).

	Strongly Disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
1. "I try to say 'thank you' whenever a colleague is helpful"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. "I praise colleagues when I think they have done a good job"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. "I try to smile at colleagues when I pass them"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. "I try to make sure that no one is left out of informal discussions or social occasions"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. "I offer to make/fetch coffee/tea, etc for other members of the work team when they are very busy"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. "I make a point of welcoming new members of the team, helping them to learn the systems and procedures, and to get to know other staff"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. "I regularly offer to help others when they are overworked or are having some other difficulty"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. "I often ask for other people's views and try to show that I value those opinions"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. "I always look out for the safety of other colleagues"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. "I respect other colleagues' jobs and the tasks that they have to carry out, and I always try to co-operate when those tasks affect me"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. "When problems occur, I always try to assume the best about all my colleagues, that is, I give them the benefit of the doubt"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. "I always try to respect the cultural differences and religious beliefs of my colleagues"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. "I always try to be helpful to more senior colleagues and carry out what they ask as well as I can"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. "I try to be considerate to more junior members of staff and respect their abilities and willingness to learn"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Strongly Disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
15. "I try to help, or make allowances for, staff who have particular problems to overcome, such as the physical limitation or language difficulty"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. "I try to support colleagues whom I know to be having personal difficulties"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explanatory notes

Some of these notes may appear self-evident or obvious. But remember, ordinary, everyday behaviours, which we take for granted, set the working atmosphere and the team climate. Unfortunately, these behaviours can so easily go wrong without us noticing. We sometimes need to sit back and consider the routine and obvious.

Questions 1 and 3: creating a friendly atmosphere

Basic politeness and courtesy are fundamental to establishing and maintaining good working relationships. Sometimes, it's easy to forget and take colleagues for granted. Smiling can make all the difference to the atmosphere in a team and it will be noticed by patients and clients too. Remember that body language conveys at least as much information to others as the words that we say.

Questions 4 and 6: helping everyone to feel part of the team

In any work team, some people interact easily with their colleagues. Others find it more difficult for all sorts of reasons. Their job may mean that they work away from the rest of the team, they may lack confidence, or they may perceive themselves to be different in some way, such as age, gender, language or culture, or they may just be new to the team. It is easy to feel isolated and left out in such circumstances. The rest of the team making an effort to include them can make a real difference to how they feel and, in turn, how they behave positively towards others.

Questions 5, 7 and 9: looking after colleagues

Looking out for colleagues' physical safety and their state of mind helps to build trust and increase feelings of security. You may be able to help directly to ease someone's workload. If you can't help directly with the work, doing little things, such as fetching a drink, or whatever is appropriate, can help to ease the pressure on them and keep everyone's morale up. Many jobs in health care involve some risks from accident, violence or clinical mishap. If all members of the team keep alert for unsafe situations that might affect each other, then everyone will feel safer and more supported in their work.

Questions 1, 2, 10, 13-15: showing appreciation of the work that people do praise and thanks do not have to be effusive

Just a quick word is usually all that is needed. Co-operation with others to enable them to carry out their jobs also reinforces the value that you place on their work. In addition, if we co-operate with them, they are more likely to co-operate with us!

One source of conflict common in nursing is the value of experience versus qualifications, particularly with the changes in nurse training over recent years. Some very experienced nurses may resent younger, or less experienced, colleagues with higher formal qualifications and try to 'put them in their place'. Equally, some more recently qualified nurses may flaunt their qualifications and not give due respect to the experience of longer-serving colleagues. Respecting the different types of knowledge that come from academic study and practical experience, and pooling those resources graciously, is a much more constructive, supportive and comfortable way of behaving for all concerned.

**Questions 8, 11, 12, 14, 15 and 16:
demonstrating respect and consideration
for other people**

Showing consideration for colleagues and demonstrating that they are valued as people, not just as workers, builds a good basis for mutual respect, which benefits us as well as the other person.

Section 2: common negative behaviours

Complete this section in two steps.

Step 1

Consider the following list of behaviours. Which of them do you think constitute bullying or harassment, or both? For each of them tick column 1 and/or 2, or 3. (Don't get worried about the distinction between bullying and harassment as they do overlap.)

	Bullying	Harassment	Neither	Have had it done to me	Have done it
17. Blaming/criticising someone without having all of the evidence, that is, assuming the worst	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Not acknowledging the good work that colleagues have done	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Belittling colleagues' work when talking to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Voicing doubt about the integrity of a colleague without very good reason	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Making sarcastic or insinuating remarks to, or about, colleagues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Verbally threatening a colleague	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Deliberately damaging the property of another member of staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Deliberately withholding information from another member of staff who needs it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Ignoring another member of staff or excluding them from the conversation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Pressurising other members of staff to do a task or produce work despite knowing that they have too much else to do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Setting very tight deadlines for leave, training or promotion without giving the member of staff a good and valid explanation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Refusing applications for leave, training or promotion without giving the member of staff a good and valid explanation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Removing a responsibility from a member of staff without consulting with them first	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Bullying	Harassment	Neither	Have had it done to me	Have done it
30. Using disciplinary or competence procedures as a threat to a member of staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Changing the requirements for staff performance (“shifting the goalposts”) to keep staff on their toes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Making rude comments or derogatory gestures to other members of staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Making jokes or negative comments about another member of staff’s gender, sexual orientation, race, religion, age or disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Requiring a member of staff to do something inappropriate to their personal, cultural or religious beliefs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Showing favouritism to one member of staff or a small group at the expense of others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. Joining in or laughing if other colleagues are teasing or making negative comments about someone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. Shouting or criticising when under pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. Using swear words or expressions that others might consider blasphemous, rude or offensive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. Making comments of a suggestive nature to other members of staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. Using your charm or charisma to persuade someone to do something that should not be their first priority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Every one of these behaviours could constitute bullying or harassment in some circumstances (see explanatory notes below).

Explanatory notes

Bullying or not?

All these behaviours (questions 17 to 40) may constitute bullying or harassment, or both, but not on every occasion.

Bullying normally involves behaviour that is damaging to the target and involves an imbalance of power, so that the target feels that he/she is not able to defend himself/herself effectively. Such power may be that of superior status in the organisation, but may also be possession of such things as information, knowledge and skills, access to resources or social position.

Bullying may occur from superior to subordinate (downward bullying), between co-workers (horizontal bullying), or from subordinate to superior (upward bullying), at any level of the organisational hierarchy.

Many definitions of bullying also require that the behaviour is persistent or repeated. However, some actions can be so severe and obvious that one occurrence would constitute bullying.

Bullying may be overt, that is, it is obvious to the person being bullied and to other people. However, it may also be covert, that is, either the damaging action or the person responsible for that action is

concealed from the target or from other people. Such covert bullying can be very subtle, and not always recognised as bullying behaviour. Look again at the list!

Conversely, some reasonable behaviour may appear to be bullying to the apparent target, because there is always the possibility of misunderstandings, mismatches in expectations or differences in culture. In these cases, either the apparent perpetrator is not aware that their actions are perceived as bullying, or has cause to feel that their actions are perfectly justified and reasonable. Some apparently bullying actions may have valid reasons behind them, for example, “using disciplinary or competence procedures as a threat to a member of staff” might be justified if the member of staff is deliberately under-performing. However, in this situation, the use of such procedures should be explained, and applied consistently and transparently.

So what behaviours may constitute bullying? They can be classified into five broad types (Rayner & Hoel, 1997):

1. Threat to professional status (see questions 17, 18, 19, 30 and 37)

This includes either undermining a colleague’s ability to do their job effectively, or adversely affecting other people’s perception of that colleague’s ability to do the job. Such behaviours include: criticising unjustly; belittling a colleague’s work (either to that person or to others); humiliating someone, perhaps through an apparently harmless joke related to their work performance; and using discipline or competence procedures as a threat.

2. Threat to personal standing (see questions 20-23, 32, 33, 36-39)

This relates to attacks on the person rather than their ability to do the job. These include actions that damage, or threaten to damage, a colleague physically or materially, or undermine their self-confidence. They also include actions that undermine other people’s respect for a colleague. Examples are: throwing doubt on someone’s personal honesty or integrity; using sarcasm and innuendo; making inappropriate jokes; teasing

persistently; threatening someone verbally or by gesture or posture; and using physical violence towards a person or their property.

3. Isolation (see questions 24, 25, 28, 35 and 36)

This covers any behaviour that causes people to feel that they are not one of the team or one of the in-crowd, that they are being treated differently from others. Isolation includes, for example: withholding information; freezing out, ignoring, excluding, intentionally turning your back on someone when they speak to you; refusing applications for leave, training, promotion without good reason; and showing favouritism to some at the expense of others.

4. Overwork (see questions 26, 27 and 40)

- a) This is a difficult area, particularly in health care where shortages of staff and resources may cause high workloads for teams. However, good management includes helping staff to prioritise work, and setting realistic limits on what can be achieved. Overworking staff includes: pressurising them to produce work; and setting impossible deadlines.
- b) Using charm or charisma or a bribe to get someone to overwork can also be a type of covert bullying.

5. Destabilisation (see questions 18, 28, 29 and 31)

This covers attempts to make it difficult for people to work effectively and have their work valued, including changing working arrangements without consultation. Examples are: shifting the goal posts, that is changing work targets without good reason and/or without adequate time or resources; undervaluing work; attempting to demoralise; and removing areas of responsibility without consultation.

Harassment or not?

What constitutes harassment or discrimination? Harassment and discrimination involve negative behaviour concerning a colleague’s gender, sexual orientation, race, religion, age or disability.

Questions 33, 34, 38 and 39: behaviour that may be harassment and discrimination

Again the behaviour may be intentional or there may be misunderstanding and mismatch of expectations. Such negative behaviour includes: making negative comments or gestures; making inappropriate jokes; touching inappropriately; ignoring someone or excluding them from activities; and requiring them to carry out inappropriate tasks.

Step 2

Now look at the list again and consider:

a) whether you have ever experienced any of these.

b) whether you ever behave in any of these ways. Be honest with yourself. Remember that no-one is perfect and very few of us can truly say that we have never done any of these. All of us behave sometimes in ways that we wish we had not.

Tick the relevant boxes in columns 4 and 5.

There are other behaviours that may not constitute bullying or harassment in themselves, but may help to create an atmosphere in which bullying and harassment are likely to occur (see explanatory notes below). Look at the following and indicate whether you ever behave in that way.

	Never	Occasionally	Sometimes	Often
41. Generally muttering or complaining about people behind their back	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42. Grumbling when asked to do something by a manager or senior colleague	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43. Gossiping about other members of staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44. Seeing something negative occurring and taking no action to stop it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45. Not listening to others or not taking their difficulties seriously	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46. Demanding that other managers or supervisors meet a target without considering whether it is a realistic target for his/her team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47. As a manager, not taking notice of warning signs in a team or an individual, such as high absenteeism, low productivity or morale, many people leaving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explanatory notes

Questions 41-47: behaviour that increases the likelihood of bullying or harassment occurring to others

Bullying and harassment may primarily be the fault of the direct perpetrator, but if others in the team know what is happening and do nothing about it, or even join in the bullying, they are also morally responsible. If nothing is done, the perpetrator and others may assume such

behaviour is acceptable. In these circumstances, negative behaviour can easily escalate or be adopted by others and a bullying culture develops. Cynical or macho group cultures can produce an atmosphere in which negative behaviour is tolerated or even encouraged.

Other behaviours may make individuals vulnerable to negative behaviour from others. Look at the following and indicate how typical they are of your behaviour. Again, be honest with yourself.

	Very untypical	Untypical	Typical	Very typical
48. Taking offence easily at things that other people say or do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49. Keeping myself to myself rather than socialising with other members of the work team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50. When relating events, putting myself in a good light compared to others, or boasting about my achievements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51. Reacting aggressively to criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
52. Dressing differently to shock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
53. Not making an effort at work, cutting corners, or not pulling my weight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
54. Being unwilling to compromise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
55. Avoiding issues that might cause conflict	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
56. Being unassertive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
57. Continually complaining or making negative or cynical comments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
58. Being fussy about accuracy even when it is not of great importance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
59. Arriving late, leaving early, taking long lunch breaks or taking days off, for no obvious reason	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
60. Dominating, for example, by talking too much, by having to be in the right or always wanting to have the last word	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explanatory notes

Questions 48-60: behaviour that is likely to increase vulnerability to bullying or harassment

There is some research evidence (see Zapf, 1999) that people who are low in assertiveness, who try to avoid conflicts and who make little effort to be part of a team may be more vulnerable to bullying than others. That doesn't mean that any of these characteristics cause bullying, but they may not protect against it.

Other behaviours that may increase vulnerability include always complaining or looking miserable. There is a certain amount of truth in the saying "laugh and the world laughs with you; cry and

you cry alone". Of course, when people are in real difficulty, others are generally inclined to listen and sympathise, but they can get fed up of continual complaining about relatively trivial issues.

Dressing differently from most of our colleagues can leave us vulnerable to criticism or teasing. Of course, there are cultural and religious reasons for people to wear particular types of clothes, and most colleagues respect those reasons. Indeed, it could be seen as harassment if they did not. However, if we dress differently in order to shock others in some way, then that may generate comment. Dressing in a revealing or sexy manner may also increase vulnerability to sexual harassment.

Section 3: friendly behaviours open to misinterpretation

Read the following statements. Think about how they relate to your normal behaviour at work. For each statement, tick the box that best represents how often you do the following.

	Never	Occasionally	Sometimes	Often
61. Touch the arm or shoulder of another member of staff when talking to them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
62. Hug or put an arm round another member of staff to be friendly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
63. Tell jokes to make everyone laugh	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
64. Tease other members of staff about their height, size, appearance, accent, personal life, or other feature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
65. Compliment others on their appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
66. Pass on personal information about a member of staff when you feel someone else needs to know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

All of these can be very positive and can add to the friendliness in a team. However, all can be misused or misinterpreted, or may just be unwanted by some individuals. Use them all carefully.

Explanatory notes

Questions 61, 62 and 65: friendliness or sexual harassment?

Touching someone can be a real sign of friendship or empathy. Unfortunately, it can also be interpreted as sexual harassment if done to someone who doesn't welcome being touched. Judging who welcomes your touch, who tolerates it and who is offended by it can be difficult.

Similarly, complimenting someone on their appearance can be very supportive. However, if it is done too often or in a manner that could be construed as suggestive, for example, telling someone that they look sexy, it may be interpreted as sexual harassment.

Questions 63 and 64: friendly teasing or cruel tormenting?

Teasing can also be a sign of acceptance and friendship. However, unless we are really close friends, it is impossible to know whether another person enjoys our teasing or simply tolerates it. Teasing often concerns the characteristics that we are most sensitive about and can increase that sensitivity. Similarly, jokes can be great fun and can lift the morale of the team in awkward circumstances. However, if the jokes come at the expense of a member of the team, they can be very destructive.

Question 66: friendly concern or malicious gossip?

Passing on personal information about a colleague to others may occasionally be necessary and justified. However, unless we have their permission to pass it on, we may be doing them a great disservice. Colleagues need to be able to trust our discretion knowing that they can tell us things without them being passed on to others. If we are not careful, it is easy to slip into enjoying idle or malicious gossip.

Section 4: retrieval behaviours

Sometimes, particularly at very busy times, things go wrong and we realise that we have acted unreasonably in some way, or our actions have been misunderstood. Alternatively, someone else may have acted unreasonably. What can we do to retrieve the situation? Read the following statements. Think about how they relate to your behaviour at work after a problematic situation. For each statement, tick the box that best represents how much you agree or disagree.

	Strongly Agree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
67. "I usually apologise when I realise that I have been in the wrong"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
68. "I usually have no difficulty accepting apologies from a colleague and moving on"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
69. "After problems have occurred, I usually find it useful to discuss calmly what went wrong, with the others concerned"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
70. "If a colleague us criticised for something I know he/she didn't do, I stick up for him/her and try to explain the misunderstanding"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
71. "If I find it difficult to like a colleague, I try to hide it and still work well with them"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
72. "I always try not to apportion blame after a problem has occurred but to find out what has happened and learn from it"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explanatory notes

Questions 67 to 68: apology and forgiveness

Realistically, all of us behave at times in ways that we wish we had not. Alternatively, we may have offended someone completely unintentionally. In all working relationships there has to be a level of acceptance of each other's fallibility, and mechanisms by which unfortunate situations can be retrieved.

Some of these mechanisms involve: apologising; accepting apologies; empathy; discussion and turning problem situations into opportunities for learning.

Recognising that we have been in the wrong and apologising can so often be all that is needed to repair a relationship with a colleague. The sooner it is done, the better it usually is. But sometimes it can be very difficult both to apologise and to accept apologies. However, not doing either of these can lead to deep bitterness. Trying to empathise, that is to understand the other person's point of view, or their reasons for behaving in a particular way, can help in the process of forgiveness.

Questions 69 and 72: discussion and learning

Empathy can also help to avoid the destructiveness of always wanting to blame someone else whenever something goes wrong.

A blame culture can also be avoided by openly discussing problems and mistakes, and using them as opportunities to learn.

Question 71: putting differences aside

Occasionally, it is not possible to reach agreement over a particular incident, or we find that there is a colleague whom we just find it difficult to like. However, it is usually possible to find a way to continue to work productively with them and to treat them courteously, by trying to concentrate on their positive qualities. This makes for a happier atmosphere for all than continually bringing up the grievance and, over time, they may redeem themselves, if we give them the chance.

Question 70: explaining misunderstandings

Retrieving situations where others have been blamed for something that was not their fault can be a difficult and brave undertaking. However, it may prevent someone becoming victimised, and it helps to demonstrate and consolidate team trust and cohesion.

Section 5: reflection

Now take some time to consider the issues you have thought about while completing this tool.

Read through the explanatory notes if you have not already done so.

Most of us find that taking stock of our behaviour in this way is a salutary experience. It makes us realise that many of the routine things we do are very positive, but others are not quite so commendable. Also there may be things that we don't do that we should try to do.

- What did you find encouraging? What are your strengths?
- What behaviours do you need to be careful about? What are your weaknesses?
- What positive things could you try to do more often?

Remember that we all make mistakes sometimes and behave less well than we would like. However, if we acknowledge this and apologise, we can usually retrieve the situation.

This exercise is intended to help improve interpersonal relationships. However, if you found it difficult or distressing, contact a staff counsellor or the bullying/harassment adviser.

References

RCN (2015) *Beyond breaking point – a survey report of RCN members on health, wellbeing and stress*. London: RCN.

Available online at www.rcn.org.uk/publications

Illing JC, Carter M, Thompson NJ, Crampton PES, Morrow GM, Howse JH, et al (2013) *Evidence synthesis on the occurrence, causes, consequences, prevention and management of bullying and harassing behaviours to inform decision making in the NHS. Final report. NIHR service delivery and organisational programme; 2013*.

Available at www.nets.nihr.ac.uk/__data/assets/pdf_file/0006/.../FR-10-1012-01.pdf [accessed 29 June 2013]

Rayner C and Hoel H (1997) A summary review of literature relating to workplace bullying. *Journal of Community and Applied Social Psychology*, 7, pp181-191.

Zapf (1999) Organisational, work group related and personal causes of mobbing/bullying at work, *International Journal of Manpower*, 20 (1-2), pp70-85.



B. Team assessment tool

Introduction

You should already have been given an individual assessment tool (IAT) before this session, and had opportunity to read about it and complete it. If you have not seen an IAT, please ask to see one. The IAT is designed to help each person to think about their own attitudes, perceptions and behaviours at work. **You will not be expected to show your completed IAT to anybody else.**

This team assessment tool looks more at the behaviour of the work team as a whole, and is designed to examine and encourage positive team behaviours. Section 1 includes some of the same questions that you applied to yourself in the IAT. Section 2 provides some problem scenarios for you to consider how the team would, or should, manage them. Members of the group then share ideas about issues arising from completion of the tools with behaviour and circumstances anonymised to a level that safeguards individual identity. This is to encourage reflection and development, and discourage blame and acrimony.

At the end of the discussion session, the group produces an agreed team action plan to enhance working relationships in the team, including any learning or training requirements.

The TAT is designed with the following objectives:

- to help you think about the behaviour and attitudes of your work team as a whole
- to acknowledge and affirm positive behaviours and attitudes in the team
- to facilitate sharing and discussion of generalised issues
- to consider how the team would/should manage some problem scenarios.

Please remember that the main purpose of this tool is to encourage reflection and development, and to discourage blame and acrimony.

Complete Section 1 being as honest as you can. There is no scoring and you do not need to show your completed tool to anybody else. When everybody has completed their inventory, you will be encouraged to share and discuss your views. In the discussion, try to concentrate on team supportiveness rather than on wider organisational issues.

Confidentiality

It is very important that everyone feels free to voice their opinions without the fear that what they say will be passed on to others, or used against them. At the end of the session, the group will draft an agreed team action plan that will be communicated to any members of the work team who were not present and to managers.

However, anything else that was said or written, or anything that happened during the session must be kept absolutely confidential to the group present at the session. Each participant should take away their own team assessment tool and dispose of it as they see fit.

Section 1: team supportiveness

This looks again at ordinary, everyday behaviours, which we tend to take for granted but which determine the working atmosphere. Recognising the supportive things that we do as a team can be very productive. Encouraging these positive behaviours enhances both the team climate and our overall enjoyment of work.

In this tool, colleague and similar terms refer to anyone else you work with, whether senior, junior, or at a similar level to you, whether clinical or non-clinical, managerial or support staff.

You have already thought about the following behaviours and applied them to yourself in the individual assessment tool. Now consider how typical each behaviour is for the work team as a whole.

	Not at all typical	Slightly typical	Moderately typical	Very typical	Extremely typical
1. Saying "thank you" when a colleague is helpful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Praising each other for doing a good job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Smiling at each other when we pass	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Making sure that no one is left out of informal discussions or social occasions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Offering to help others when they are overworked or are having some other difficulty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Offering to make/fetch coffee/tea, etc for others when they are very busy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Making a point of welcoming new members of the team, helping them to learn the systems and procedures, and to get to know other members of staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Asking for other people's views and showing that we value their opinions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Sharing all appropriate information with other colleagues who might need it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Looking out for the safety of other colleagues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Respecting each other's jobs and the tasks that they have to carry out, and trying to co-operate when those tasks affect us	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. When problems occur, assuming the best about each other, that is, giving them the benefit of the doubt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Respecting each other's cultural differences and religious beliefs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Being helpful to more senior colleagues and carrying out what they ask as well as can	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Being considerate to more junior colleagues and respecting their abilities and willingness to learn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Helping, or making allowances for, staff who have particular problems to overcome such as a physical limitation or a language difficulty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Respecting and acknowledging each other's abilities and expertise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Respecting each other's limitations and trying to help when asked.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How much do you think the following are typical of the people in your work team?

	Not at all typical	Slightly typical	Moderately typical	Very typical	Extremely typical
19. People feel understood and accepted by each other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. People in the team co-operate in order to help develop and apply new ideas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. People can openly share their ideas and feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. People can talk freely to each other about difficulties they are having in performing the task and know that the other person will listen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. People know that if they share ideas and task-related problems their team-mates would respond constructively and caringly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. People trust and respect each other as co-workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. People consider each other to be trustworthy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Note: This is adapted from Kivimaki M and Elovainio M (1999) A short version of the Team Climate Inventory: development and psychometric properties, *Journal of Occupational and Organizational Psychology*, 72, pp241-246.

Are there positive aspects of your work team that have not been covered in the questions above?

Section 2: problem scenarios

Consider the following scenarios. Discuss how the team might deal with them.

Scenario 1

A member of the team is involved in an accident that causes him/her to be off sick for several months. How would the team react initially and how would they handle it as the months went by?

Scenario 2

Some members of the team think that one of their colleagues is not doing his/her fair share of the work. How would/should this be handled by the team?

Scenario 3

Several members of the team have family commitments that are taken into account when

the duty roster is worked out. A member of staff without such commitments feels that he/she always has to do the unpopular shifts and is starting to resent this. How might this come to light and how would/should this be handled by the team?

Scenario 4

During hectic work periods, one member of the team regularly loses his/her temper and shouts at a colleague. How would/should the team handle this?

Scenario 5

A new member joins the team. He/she has a different cultural background from everyone already in the team, for example, different race, language, religion or country of origin. How would the team treat this person?

Section 3: suggestions for team action plan

Think about the discussions that you have had

and then list, in the first tables, positive aspects of the team interpersonal climate that you think are present and should be encouraged, and actions that the team should take to maintain them.

Positive aspects of team climate already present	Action to maintain positive aspects

In the next table, list any aspects of the team interpersonal climate that you think need to be improved, and actions that the team should take to improve them.

Notes

C. Agreed team action plan

Name of team	Date of session

Confidentiality

This agreed team action plan will be shared with other members of the work team and may be passed to managers for information. Anything else that was said or written, or anything that happened during the session must be kept absolutely confidential to the group present at the session.

Think about the discussions you have had and agree what may be shared with other members of the team or managers who were not present at this session.

In the first table below, list positive aspects of the team interpersonal climate that the participants agree are present and should be encouraged, and actions that the team should take to maintain them.

Positive aspects of team climate already present	Action to maintain positive aspects

In the next table, list any aspects of the team interpersonal climate that the participants agree need to be improved, and actions that the team should take to improve them.

Aspects of team climate that need to be improved	Actions to improve them

Other agreed findings

If the group wishes to add any further agreed comments, write them in the box below.

D. Follow-up progress form

Name of team:

Dates of follow-up meetings:

This follow-up progress form lists specific actions agreed by the whole team, along with estimated times for implementation and space to record progress. These actions should be based on the agreed team action plans from the group sessions and any reports from the facilitator, and should be realistic and achievable in the short term.

Specific action	Time frame	Progress

E. Monitoring form 1

(To be completed at the end of the group session.)

The RCN would like to monitor the use of these tools to ensure that they are effective. You are asked to complete the following form and return to the address opposite:

Working with Care Evaluation, Employment Relations Department, Royal College of Nursing, 20 Cavendish Square, London W1G 0RN

Confidentiality

This monitoring form will be seen only by the monitoring team at the RCN.

Name of team or key contact name (optional)	Date of group session

Your work team

Please rate how supporting you have found your work team to be over the past six months (not including this *Working with care* exercise).

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not at all supportive	Slightly supportive	Moderately supportive	Very supportive	Extremely

Please indicate how many working relationships have been positive in your work team over the past six months (not including this *Working with care* exercise).

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Few positive	Some positive	Most positive	Almost all positive	All positive

The individual assessment tool

Please indicate how much you agree with the following statements:

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
1. "Completing the IAT helped to make me more aware that ordinary positive behaviours are important"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. "Completing the IAT should help us to avoid behaviours that might allow bullying and harassment happen"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. "Completing the IAT made me think hard about the way I behave to other people at work"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The group exercise

Please indicate how much you agree with the following statements:

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
1. "Taking part in the group session should enhance our working relationships"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. "Taking part in the group session was an uncomfortable experience"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. "Taking part in the group session helped me to appreciate other people's point of view"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please indicate your status in the work team:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Very junior	Fairly junior	Intermediate	Fairly senior	Very senior

Please indicate where your team works:

NHS hospital	<input type="checkbox"/>	Independent hospital	<input type="checkbox"/>	GP practice	<input type="checkbox"/>
NHS community	<input type="checkbox"/>	Independent care home	<input type="checkbox"/>	Hospice/charity	<input type="checkbox"/>
NHS other	<input type="checkbox"/>	Other independent	<input type="checkbox"/>	Other	<input type="checkbox"/>

Please add any further comments about the exercise in the box below.

Thank you for completing this monitoring form.

F. Monitoring form 2

(To be completed after approximately one month.)

The RCN is keen to monitor the use of these tools to ensure that they are effective. You are asked to complete the following form and return return to the address opposite:

Working with Care Evaluation, Employment Relations Department, Royal College of Nursing, 20 Cavendish Square, London W1G 0RN

Confidentiality

This monitoring form will be seen only by the monitoring team at the RCN.

Name of team or key contact name (optional)	Date of group session

Your work team

Please rate how supportive you have found your work team to be since the *Working with care* exercise.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A lot less supportive	Less supportive	Equally supportive	More supportive	Much more

Please indicate how working relationships have been in your work team since the *Working with care* exercise.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Much less positive	Less positive	Equally positive	More positive	Much more positive

Please indicate how much you agree with the following statements:

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
1. "We are more aware that ordinary positive behaviours are important"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. "We are more able to avoid behaviours that might allow bullying and harassment to happen"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. "We are more considerate to other people at work"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. "Taking part in the exercise has enhanced our working relationships"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
5. "Taking part in the exercise has made our relationships more difficult"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. "Taking part in the exercise has helped us to appreciate other people's points of view"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. "The work team agreed to an overall team action plan following the group sessions"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. "The team has taken steps to implement the overall action plan"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please indicate the steps that have been taken to implement the overall team action plan.

Please indicate your status in the work team:

Very junior

Fairly junior

Intermediate

Fairly senior

Very senior

Please indicate where your team works:

NHS hospital	<input type="checkbox"/>	Independent hospital	<input type="checkbox"/>	GP practice	<input type="checkbox"/>
NHS community	<input type="checkbox"/>	Independent care home	<input type="checkbox"/>	Hospice/charity	<input type="checkbox"/>
NHS other	<input type="checkbox"/>	Other independent	<input type="checkbox"/>	Other	<input type="checkbox"/>

Please add any further comments about the exercise in the box below.

Thank you for completing this monitoring form.



The RCN represents nurses and nursing, promotes excellence in practice and shapes health policies

September 2015

RCN Online
www.rcn.org.uk

RCN Direct
www.rcn.org.uk/direct

0345 772 6100

Published by the Royal College of Nursing
20 Cavendish Square
London
W1G 0RN

020 7409 3333

 www.facebook.com/royalcollegeofnursing

 www.twitter.com/thercn

 www.youtube.com/rcnonline

Publication code: 004 972



To find out more about the RCN's healthy workplace campaign, visit www.rcn.org.uk/healthyworkplace