

Respect at Work

1. Introduction

1.1. Purpose

The purpose of this policy is to:

1. Define standards of behavior and conduct
2. Foster a respectful and discrimination free workplace
3. Encourage timely resolution of disrespectful conduct through collaborative conversations
4. Set out guidelines for formal resolution processes where collaborative conversations do not resolve the disrespectful conduct or discrimination.

1.2. Scope

All [persons](#) associated with Providence Health Care are accountable for their own actions and words and must conduct themselves in a civil, respectful, and non-discriminatory manner at the workplace and at work-related gatherings.

[Medical Staff Professional Conduct Policy](#): The PHC Medical Staff Professional Conduct Policy, created February 2008, revised April 1, 2008, shall govern PHC Medical Staff. Where there are differences in the standards of behaviour and / or resolution process between this Respect at Work Policy and the Medical Staff Professional Conduct Policy, the Medical Staff Professional Conduct policy shall govern PHC Medical Staff.

This policy does not cover allegations of “Wrongdoing” (as defined in the [Safe Reporting](#) policy). Anyone who observes alleged wrongdoing should use the terms of the [Safe Reporting](#) policy to report such wrongdoing.

1.3. Exceptions

There are no exceptions to this policy.

2. Policy

Mutual respect and a discrimination free workplace are priorities of Providence Health Care. The benefits of a respectful workplace include positive patient/client experience, greater job satisfaction and higher productivity.

Providence Health Care has the right to investigate incident(s), with or without the person’s consent, where there are concerns about the alleged disrespectful conduct and/or discrimination and the impact of such conduct on maintaining a respectful workplace.

2.1 Process for Resolving Disrespectful Behaviour and Discrimination in the Workplace

If you believe you have a complaint about disrespectful conduct or harassment, there are informal and formal steps you can take to resolve the issues

You can seek the assistance of your Leader or designate, a Human Resources Partner (HR Partner), Union Steward or Physician colleague at any point in the resolution and/or complaint process.

If the alleged disrespectful conduct or discrimination is between you (i.e., Complainant) and your Leader or supervisor, and you feel unable to have a one-to-one conversation with them, then you have the option to contact your Leader's Supervisor or Medical Department Head, in confidence, for guidance in reaching a resolution.

You may wish to maintain a written personal record of the dates and steps taken to resolve the issue.

Informal Resolution (One to One Collaborative Conversation)

If you experience disrespectful conduct or harassment, you are encouraged to have a collaborative conversation(s) with the other person(s) to inform them of your experience and request to resolve your concerns. You might also seek coaching to support you in holding this conversation. The earlier the problem is addressed and discussed, the better chance of it being resolved and the inappropriate behaviour stopped.

Informal Resolution (With Leader/Designate Involvement)

If resolution cannot be achieved through a one-to-one collaborative conversation, then you may seek assistance from your Leader/Designate. Your Leader may seek advice from Human Resources, as needed. If one or both of the persons involved in the concern or complaint are physicians, the matter should also be referred to the Medical Department Head for resolution.

Steps your Leader or Designate (typically Supervisor) or Medical Department Head will take to facilitate resolution may include:

- meeting separately with each person involved in the complaint to review the concern;
- meeting together with all persons to facilitate a conversation aimed at understanding and resolving the issue;
- reviewing policies with persons and reinforcing expectations of respectful conduct;
- seeking commitments from persons that they will conduct themselves in a respectful manner;
- providing feedback to the parties involved after the meeting;
- following-up, within a reasonable time period, with the parties involved after the resolution process to ensure commitments are being adhered to
- recording steps taken in the resolution process.

Formal Resolution

If there is no resolution through the informal processes outlined above, and you (i.e. complainant) continue to seek resolution, then you may file a written complaint to your Leader,

Medical Department Head, HR Partner, or other designated offices as determined. You are required to include the following information in the complaint:

- Describe the specific incident(s) that led to the filing of this complaint – if there is more than one, number them. Include the following information:
 - When did the incident(s) occur? (i.e. date)
 - Who are the person(s) (i.e. Respondents) who allegedly committed the disrespectful conduct and/or discrimination?
 - What did the respondent(s) “say” and/or “do” that you believe was disrespectful and/or discriminatory?
 - Were there any witnesses? (specify name and department)
- How did the incident(s) affect you? (E.g. what was the impact on your work or patient care?)
- Have you attempted to resolve your concerns through informal processes? If yes, please describe actions taken and specify Leaders, Managers, Directors, Physicians, and others involved.

2.2. Other Resolution Processes

This process does not preclude persons from advancing complaints through the applicable collective agreement, relevant professional bodies, or the BC Human Rights Tribunal. In the event persons file complaints outside of this policy, Providence Health Care reserves the right to set aside the procedures outlined in this policy so as not to run parallel and potentially competing resolution processes.

2.3. Bad Faith Complaints

Complaints that are made in bad faith may lead to discipline for the complainant. An example of a bad faith complaint would be if a person has “made-up” a complaint to cause trouble for another person.

2.4. Retaliation

Any interference with an investigation, or retaliation against a person who has filed a complaint, or a respondent or witness, will result in disciplinary action.

2.5. Confidentiality

No information will be disclosed by any person during the investigation or resolution of a complaint under this process except as necessary to enable due process under this policy or to protect the persons, public and/or assets of Providence Health Care.

3. Responsibilities

Your Leader, in consultation with the Human Resources Partner or designate, will review the complaint and may:

- refer the matter back to an informal process where a cooperative conversation may resolve the matter **or**
- assign an internal or external investigator to conduct fact-finding, e.g., through interviewing the complainant, respondent and witnesses and determine whether this Policy has been violated.

In the case of written complaints involving medical staff, the [Medical Staff Professional Conduct Policy](#) is to be followed.

4. Compliance

Any person found to be disrespectful and/or discriminatory at work or work related gatherings will be subject to remedial and/or disciplinary action up to and including termination of employment, cancellation of contract and/or revocation of privileges pursuant to applicable Health Authorities/Providence Health Care processes. Remedial interventions may include:

- communication skills training
- education on cultural diversity
- counseling through Employee & Family Assistance Program (EFAP)
- education and treatment for substance abuse

For patients/residents/clients (including family members and visitors) found in violation of this Policy, Providence Health Care will impose restrictions up to and including removal and/or prohibition from Providence Health Care if determined appropriate in the circumstance.

5. Supporting Documents

5.1. Related Policies

[Medical Staff Professional Conduct Policy](#)

[Safe Reporting](#)

5.2. Guidelines/Procedures/Forms

[Employees and Family Assistance Program](#)

6. Definitions

“Person(s)” includes all employees (excluded and unionized), students, medical staff, dentists, researchers, physicians, residents, fellows, volunteers, executives, contractors, and suppliers, employees of academic institutions, visitors, clients, patients, residents and families.

“Disrespectful Conduct” includes actions or comments that are degrading, demeaning or otherwise offensive resulting in an uncomfortable, hostile and/or intimidating work environment. The *impact* of disrespectful conduct is the litmus test, in spite of claimed intentions. Disrespectful conduct may

be identified when viewed from the perspective of a reasonable person who knows, or ought to know, such actions or words would cause offence, humiliation, or intimidation to another person. Disrespectful conduct may come in the form of discriminatory harassment – as articulated by the BC Human Rights Code, and/or personal harassment – as articulated by the Workers Compensation Act of BC. Please see below for more details on these two areas of harassment.

“Discriminatory Harassment” Discrimination is differential treatment of individuals or groups. Some discrimination is bona fide or justified, e.g., selection of employees on legitimate criteria such as experience. However, discrimination that arises from differential treatment, based on one or more of the protected grounds in the BC Human Rights Code, is unfair and illegal. Under the BC Human Rights Code, protected grounds include race, colour, ancestry, place of origin religious belief, marital status, family status, physical or mental disability, sex (includes pregnancy), sexual orientation, political belief, and criminal conviction that is unrelated to employment. Gender identity is considered a protected ground under this policy. Harassment is a particular kind of discrimination, which we refer to here as “discriminatory harassment.”

Note: In cases where an employee is seeking an accommodation based on physical or mental disability, he/she should speak to their Leader or contact Occupational Health & Safety for assistance.

“Personal Harassment” Unlike discriminatory harassment, personal harassment is not necessarily based on the prohibited grounds laid out in the BC Human Rights Code. Nonetheless, personal harassment, which includes bullying and other types of psychological intimidation, will not be tolerated at Providence Health Care. Personal harassment may involve repeated incidents, a single egregious incident or a pattern of unacceptable behavior that isolates, humiliates, threatens or intimidates individuals or groups, Bullying is defined as comments or conduct that are intentional, repeated and targeted.

Note: The B.C. Legislature passed Bill 14 on May 31, 2012, amending Section 5.1 of the Workers Compensation Act, (2011), to specifically address workplace personal harassment and bullying. Section 5.1, as amended, outlines the employers’ responsibility to ensure a respectful and harassment-free workplace, while preserving the employer’s legitimate right to exercise management authority, including performance management, employee discipline, up to and including termination of employment. Section 5.1 also contemplates the employees’ accountability, and requires workers to report any bullying or harassment they experience or observe in the workplace.

Examples of Respectful Behaviour:	Examples of Disrespectful Behaviour – Personal Harassment <i>(including uncivil, disruptive and bullying behavior)</i> :
<ul style="list-style-type: none"> • Being polite and courteous in interactions with patients, residents, visitors, colleagues, students, volunteers, contractors or any other individuals encountered through your work at Providence Health Care • Expressing differences of opinion, with an interest in understanding another person's perspective • Offering constructive feedback, guidance or advice on work-related behavior • Managing job performance in a reasonable manner • Taking reasonable disciplinary action where and when warranted • Reporting concerns about competence or conduct of regulated professionals 	<ul style="list-style-type: none"> • Verbal aggression, e.g., derogatory name calling, profanity, and yelling • Spreading malicious rumours or gossiping • Demeaning gestures that are rude or condescending • Misuse of power such as reprimanding in front of others • Verbal or physical threats • Purposefully ignoring questions or requests from colleagues or withholding information • Insensitive comments about the patient's or resident's medical condition, appearance, situation • Arguing with patients, family members, staff or other care providers in an unprofessional, insensitive manner <p>Examples of Disrespectful Behaviour – Discriminatory Harassment:</p> <ul style="list-style-type: none"> • Unwelcome remarks, jokes, innuendo about a person's body, sex, or sexual orientation including sexist comments or sexual invitations • Display of pornographic or other sexual materials • Unwanted physical contact such as, but not limited to touching, pinching or hugging

7. References

There are no references to list for this policy.

8. Appendices

There are no appendices to include with this policy.

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