“Identifying, Preventing and Managing Workplace Bullying in Nursing”

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The purpose of this session is to enhance knowledge and understanding of workplace bullying and how to deal with it.

This session will equip participants with the knowledge and skills to recognize bullying behaviours in the workplace, and the rights and responsibilities of both managers and employees to prevent and manage workplace bullying, within an OHS legislative framework and current state of knowledge.
Workplace bullying is defined as:

“Repeated, unreasonable behaviour directed toward an employee, or group of employees, that creates a risk to health and safety.

Within this definition “Unreasonable behaviour” means behaviour that a reasonable person, having regard to all the circumstances, would expect to victimise, humiliate, undermine or threaten.
What is Workplace Bullying? (cont)

“behaviour” includes actions of individuals or a group, and may involve using a system of work as a means of victimizing, humiliating, undermining or threatening.

“Risk to health and safety” includes risk to the mental or physical health of the employee.*

*Source: Prevention of Bullying and Violence at Work, Guidance Note, WorkSafe Victoria, February 2003
What is NOT Workplace Bullying?

- *Legitimate* and *reasonable* performance management, disciplinary action and work allocation, does not constitute workplace bullying.
- Employers have the right to *reasonably* direct and control the way in which work is carried out.
- These situations should be dealt with through the normal grievance processes in your award or EBA.
Under Equal Opportunity Legislation, employers must ensure that employees are not treated unfairly or harassed because of personal characteristics or attributes. Harassment is defined as any form of behaviour that the other person does not want in return. It is behaviour which offends, humiliates or intimidates them, or targets them because of race or sex.
• Bullying in the workplace can also be harassment under EEO/anti-discrimination legislation *only* if based on specific attributes or characteristics such as age, gender, ethnicity, disability, parental status, religion or political views.

• Employees may pursue remedies under these pieces of legislation if the behaviour/incident falls within their jurisdiction.

• Remedies may include prosecution of the offender, damages or compensation or other remedies.
Examples:

• An employee who may be the victim of a sexual assault may seek remedies under the Crimes Act and the Equal Opportunity Act.

• Sexual harassment – such as unwanted touching or unwanted discussion, may be dealt with under the Equal Opportunity Act.

• Racial discrimination such as racial comments (verbal abuse), may be dealt with under the Racial Discrimination Act and the Equal Opportunity Act.

• The workplace may also be required to deal with the situation under OHS legislation if it is repeated and causes a risk to the health and safety of an employee(s).
Types of bullying behaviour in nursing:

- Verbal abuse and yelling
- Intimidation
- Humiliating someone through sarcasm, criticism or insults
- Unwarranted, less favourable treatment
- Excessive scrutiny of a nurse’s work
- Deliberately changing work rosters to unreasonably inconvenience particular nurses
- Unwarranted isolation or exclusion of a nurse from workplace activities
- Being set up to fail
- Someone taking credit for a nurse’s work*

*Source: “Nurses Say No to Bullying” Guidelines and Information Package”, Australian Nursing Federation (Victorian Branch)
Bullying and harassment can take place between:

- A nurse and her/his manager
- A nurse and another staff member in the workplace
- Groups of employees
- A group of nurses and their manager
What is Workplace Bullying? (Cont’d):

- Workplace bullying is distinguished from workplace violence in most of the literature – bullying is “internal”, i.e. employee to employee/between people who work together,

- Occupational violence refers to client-initiated or “external” violence, including intruders, and is dealt with separately under WorkSafe guidelines. Processes for prevention and management differ significantly to workplace bullying (although there is some overlap).
The Violence in Nursing (VIN) Taskforce Report found that bullying can be defined by 3 main characteristics:

(i) its effect on the recipient, not the intention,
(ii) there must be a negative effect on the recipient – the victim feels harassed, humiliated, offended or distressed; negative impact on job performance or working environment. There must be a risk to the mental or physical health or wellbeing
(iii) The behaviour must be consistent - one-off incidents generally do not constitute bullying behaviour.
Impacts of Bullying:

• Low morale
• Absenteeism
• High staff turnover
• Increased workers compensation and related costs
• Legal liability for employers and individuals
• Loss of productivity
Health and Other Effects of Bullying:

- Headaches
- Depression
- Low self esteem
- High stress levels
- Anxiety
- Panic attacks
- Sleep disturbances
Health and Other Effects (cont):

- Stomach aches
- Poor decision making
- Poor work performance
- Impact on patient care
- Deterioration of relationships at work
- Impact on personal relationships and quality of life
• As an occupational group, nurses are at high risk of bullying and harassment at the workplace

• Survey of 2400 nurses by University of Tasmania in 2003 found 64% had experienced physical or verbal abuse

• Patients/clients and relatives were the main source of abuse

• Doctors and nurse colleagues were the next major source

• Included being hit or having objects thrown at them by doctors
1 in 10 had left a nursing position due to bullying or harassment

24% had considered resigning

2% had left the nursing profession altogether

Only 10-29% of incidents are reported

*Source: Scoping Workplace Aggression in Nursing (SWAN) Survey, Professor Gerry Farrell, School of Nursing, University of Tasmania, April 2003
Reasons for Under-reporting:

- Fear of stigma
- Fear of reprisals or victimization
- Belief that nothing will be done
- Lack of support
- Lack of awareness
- Inadequate process for reporting and resolving conflict
Key features of bullying in nursing

- Research cited in the Government Taskforce on Violence in Nursing (VIN) Taskforce Report, identified the following key features of bullying amongst nurses:
  - unequal or asymmetrical power relationship may exist between the perpetrator and their victim
  - line managers, doctors and nursing peers are the main perpetrators
  - situational factors include: poor leadership, lack of career pathways, inadequate processes for resolving conflict,
Key features of bullying (cont):

- job roles and responsibilities that are difficult to appraise, competition for job security and career advancement, intense time pressures, role ambiguity and role conflict, workplaces with rigid hierarchies and very structured systems, and workplaces with entrenched attitudes and traditions

- A U.K. RCN study found that full-time nurses were bullied more than part-time nurses, and race, colour (black and Asian nurses), and disability also increased the risk of bullying
Employer Duties (S21):

- Employers have a legal duty of care to provide and maintain for employees a workplace which is safe and without risks to health, including psychological health.

Employers must:

- Provide a safe physical environment as well as safe systems of work.
- Provide the highest level of protection against risks, and must proactively prevent and manage risks to health and safety.
Employers must also:

• Monitor health conditions at the workplace
• Consult with employees
• Employees are entitled to be represented in relation to health and safety issues
Employee Duties (S25):

• Employees have an obligation to take reasonable care at work for their own health and safety and that of others

• Must co-operate with workplace OHS policies and procedures

• Must not intentionally or recklessly interfere with or misuse anything provided at the workplace in the interests of health, safety or welfare
Offences:

• Corporations may be prosecuted for breaches of the Act

• Offences may be indictable (subject to criminal prosecution)

• Any employee may be prosecuted for “reckless endangerment” – conduct that places or may place another person at the workplace in danger of serious injury – this includes managers/employers

• Penalties may include heavy individual fines and imprisonment up to five years for reckless endangerment

• WorkCover may issue proceedings to recover costs from individual offenders
Employers should:

• In consultation with employees and their health and safety representatives, develop a no bullying policy.

• The policy should include a statement that bullying is not acceptable and will not be tolerated.

• The policy should be endorsed by the CEO.

• The policy should encourage employees to report all incidents, with a clear statement that employees who report incidents will be supported and will not be victimised.

• Appoint a bullying contact officer(s).
Employers should:

• Create awareness by providing instruction, education and training to all staff, including managers (orientation and ongoing)

• Take steps to proactively identify bullying in the workplace, e.g. staff surveys, review incident and claims data, reports from health and safety representatives and committee,

• Monitor conditions - high levels of staff turnover, absenteeism, and an increase in workplace grievances or complaints may be signs of bullying
Each employer must have in place a bullying resolution procedure, developed in consultation with employees and health and safety representatives. The procedure should:

- Identify the procedure for reporting incidents/complaints - including who to report to and in what form (e.g. staff incident report)
- Reflect the principles of natural justice
- Clearly identify roles and responsibilities
- Ensure responses/resolution to complaints are made in a timely manner
- The procedure should be consistently applied.
Key Principles of the bullying resolution procedure:

• Treat all matters seriously – this encourages reporting and shows employees the organisation’s commitment to the no bullying policy

• Non-victimisation of the person who reports

• Support for both parties – once a complaint has been made, the person or persons involved (both the alleged victim and the alleged perpetrator) should be told of the support systems available to them, e.g. peer support programs, counseling
Key Principles (cont):

• All employees involved should be allowed to have a support person present at interviews or meetings,
• Neutrality – the person in charge of an investigation or resolution should not have any direct involvement in the incident
• Everyone involved in the incident should have confidence in the person undertaking the resolution process
Other supports and mechanisms

- Nurses have the right to claim for workers compensation for time off work and medical and like expenses/other
- Rights to appeal if not satisfied with the process or outcome
Other Services/Referral Agencies

- Union/ANF (Vic Branch) (9275 9333)
- WorkSafe Victoria (9641 1555)
- Legal services
- Human Rights and Equal Opportunity Commission (1300 656 419)
- Centre Against Sexual Assault (CASA) (9344 2210 or 9349 1766 after hours)
VIN Taskforce
Recommendations: A statewide approach:

- DHS and health services accept an agreed definition of bullying that is aligned with the WorkSafe definition and use it consistently (Rec. 22)
- Health services establish consistent management strategies including clear organisational policy with provisions for safe reporting and timely and consistent management response (Rec. 23)
- Health services establish management education strategies incorporating a set of principles as defined in the report (Rec. 24)
- DHS to develop a statewide toolkit and resources for Victorian healthcare services (Rec. 25)
VIN Taskforce Recommendations (Cont’d):

- DHS to develop statewide guidelines for incident reporting and data collection (Rec. 27)
- All health services to submit a minimum data set to DHS on a biannual basis (Rec. 28)
- DHS to provide aggregate local data results to health services and WorkSafe Victoria to create statewide benchmarking (Rec. 29)
- DHS to undertake further research to identify key factors and strategies (Rec. 26)
Resources:

• ANF (Vic Branch) “Nurses Say No to Bullying” Guidelines & Information Package
• Victorian Taskforce on Violence in Nursing Final Report, November 2005
• WorkSafe Victoria Guidance Note on the Prevention of Bullying and Violence at Work
• Jobwatch “Pathways to Resolution – the Conciliation Process of the Human Rights and Equal Opportunity Commission” Video/DVD
• Human Rights and Equal Opportunity Commission Complaints Guide (booklet)