



Workplace bullying: issues, legislative trends and solutions

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Abstract

There is increasing recognition that workplace bullying occurs across the world and across occupations; an internet search will reveal several thousand sites purporting to deal with the issue, although much of the material is personal and anecdotal. Several reports have graphically illustrated the pain, mental distress, physical illness and career damage suffered by victims of bullying.

Of concern is the evidence that is accumulating on bullying and its effects amongst health professionals, particularly in the nursing profession. This paper discusses workplace bullying, issues, legislative trends and possible solutions to assist in dealing with this growing concern.

Introduction and background

Workplace bullying is claimed to be a serious and complex issue that affects individuals in modern working life, including health care organisations, governments and the community. Threats may be perceived or real and employees may be affected even if they are not directly involved¹. Bullying creates an emotionally corrosive environment that makes doing work difficult and, at its heart, are control issues². Subsequently, workplace bullying is bad for business as it destroys teamwork, commitment and morale³.

With a few exceptions, bullying was not recognised as an issue of scientific interest until the mid-1980s. However, since then there has been high public awareness, government-funded research and established anti-bullying legislation. Examples of recent State involvement include a survey conducted by Workcover New South Wales (NSW)⁴ in 2002 which explored the impact of bullying and violence in the workplace and found the health industry had the

second only to security services. In 2003 WorkSafe Western Australia (WA) produced separate guidance notes to the *Workplace Violence Code of Practice* (under s57 of the *Occupational Safety and Health Act 1984*) for employers and employees to deal with workplace bullying⁷. The State Minister for Health and the Department of Health of WA have followed this by generating a discussion paper towards the strategic development of a *Workplace aggressive behaviour and bullying implementation plan*⁸. These stated examples are just some of the different State governments' involvement.

Research into workplace bullying presents the researcher with significant difficulties, for there is no clear consensus on what constitutes adult bullying, whether it refers to a range of possible behaviours or can be expressed in a single definition. The word 'bullying' individually can conjure up many images, such as yelling, but it is usually much more subtle. Bullying is the gaggle of nurses who, when sitting in the tea-room, ignore one of their coworkers; the saboteur who undermines another's success; who engages in the silent treatment or spreads rumours. Bullies are, in effect, adults acting like adolescents⁵.

Definitions of workplace bullying as suggested by Quine^{2 (p.2)} generally share three common elements. First, bullying is defined in terms of its *impact upon the recipient*. It exists when an individual is subjected to a range of intimidating behaviours which make him or her feel bullied or harassed. Thus it is subject to variations in personal perceptions which present further methodological problems for the researcher. Second, most definitions suggest that there must be a *negative effect on the victim* and, third, the bullying behaviour must be *persistent*.

Bullying differs from harassment and discrimination in that the focus is rarely based on gender, race or disability. The focus is often on competence, or rather the alleged lack of competence, of the bullied person. Although definitions of harassment and bullying vary, there is, however, much overlap. The essential differences between harassment and workplace bullying as suggested by Field⁹ can be seen in Table 1.

More than one in 10 people at work are bullied and the stress caused by bullying impacts heavily upon an organisation's productivity. Studies reveal a close correlation between the experience of being bullied and poor health, and suggest that bullying in the workplace may contribute to the loss of as much as 18.9 million days annually^{10,11}. Unfortunately, those in charge of the workplace often fail to realise the seriousness of the problem until much too late. Although there has been campaigning to bring awareness to the situation and improve conditions, in the past and in some cases even today, some employers have simply turned a blind eye and paid lip service to anti-harassment statements¹¹.

Recently as part of the Australian Council Trade Union 2000 Health and Safety Campaign, the Australian Nursing Federation produced a



urvey revealed that the stress of workplace bullying is affecting significantly the health and family relationships of Australian nurses. More than 80% of the respondents who participated in the study experienced fear, helplessness, anger, depression, sleeping difficulties and headaches as a result of workplace bullying; these have an impact upon the nurses' home and social life. The main perpetrators were identified as managers, supervisors, colleagues, clients and doctors. Furthermore, as a result of the bullying behaviour, more than 60% of the respondents had indicated they had taken time off work in the form of sick leave, annual leave or leave without pay¹².

These results are parallel to the findings of Michael's study^{10 (p.226)} which found bullying was prevalent amongst perioperative nurses and had a profound impact upon their well-being. Michael notes that, "It is much harder to 'see' the wounds of bullying, measure the injuries, and start to plot them out. It is a behaviour that is designed to humiliate,

degrade and injure the dignity and self-worth of the person". The negative impact of bullying is further evident in the Commission of Commerce and Industry's report, *Providing occupational safety and health services to industry*¹, which suggests that bullying reduces efficiency and productivity, creates an unsafe work environment, increases absenteeism, sick leave and staff turnover, causes poor morale, erosion of employee loyalty and commitment and initiates adverse publicity and a poor public image. Consequently, there are associated financial costs

Bullies at work wear many faces and demeanours, from condescension to rage. Although usually causing emotional scars by their verbal assaults, bullies can become physical by slamming doors and using certain affronting gestures to enforce their opinions¹. Workplace bullies are often 'disgruntled employees', who have themselves been a target of bullying; their behaviour is a way of hitting back at their previous tormentors.

Table 1. Differences between harassment and workplace bullying

Harassment	Workplace bullying
<ul style="list-style-type: none"> Has a strong physical component, e.g. contact and touch in all its forms, intrusion into personal space and possessions, damage to possessions including a person's work, etc 	<ul style="list-style-type: none"> Almost exclusively psychological (e.g. criticism), may become physical later, especially with male bullies, but almost never with female bullies
<ul style="list-style-type: none"> Tends to focus on the individual because of what they are (e.g. female, black, disabled, etc) 	<ul style="list-style-type: none"> Anyone will do, especially if they are competent, popular and vulnerable
<ul style="list-style-type: none"> Harassment is usually linked to sex, race, prejudice, discrimination, etc 	<ul style="list-style-type: none"> Although bullies are deeply prejudiced, sex, race and gender play little part; it's usually discrimination on the basis of competence
<ul style="list-style-type: none"> Harassment may consist of a single incident or a few incidents or many incidents 	<ul style="list-style-type: none"> Bullying is rarely a single incident and tends to be an accumulation of many small incidents, each of which, when taken in isolation and out of context, seems trivial
<ul style="list-style-type: none"> The person who is being harassed knows almost straight away they are being harassed 	<ul style="list-style-type: none"> The person being bullied may not realise they are being bullied for weeks or months – until there's a moment of enlightenment
<ul style="list-style-type: none"> Everyone can recognise harassment, especially if there's an assault, indecent assault or sexual assault 	<ul style="list-style-type: none"> Few people recognise bullying
<ul style="list-style-type: none"> Harassment often reveals itself through use of recognised offensive vocabulary, (e.g. 'bitch', 'coon', etc) 	<ul style="list-style-type: none"> Workplace bullying tends to fixate on trivial criticisms and false allegations of under performance, offensive words rarely appear, although swear words may be used when there are no witnesses
<ul style="list-style-type: none"> There's often an element of possession, e.g. as in stalking 	<ul style="list-style-type: none"> Phase 1 of bullying is control and subjugation; when this fails, phase 2 is elimination of the target
<ul style="list-style-type: none"> The harassment almost always has a strong clear focus (e.g. sex, race, disability) 	<ul style="list-style-type: none"> The focus is on competence (envy) and popularity (jealousy)
<ul style="list-style-type: none"> Often the harassment is for peer approval, bravado, macho image etc 	<ul style="list-style-type: none"> Tends to be secret, behind closed doors with no witnesses
<ul style="list-style-type: none"> Harassment takes place both in and out of work 	<ul style="list-style-type: none"> The bullying takes place mostly at work
<ul style="list-style-type: none"> The harasser often perceives their target as easy, albeit sometimes a challenge 	<ul style="list-style-type: none"> The target is seen as a threat who must first be controlled and subjugated and, if that doesn't work, eliminated
<ul style="list-style-type: none"> Harassment is often domination for superiority 	<ul style="list-style-type: none"> Bullying is for control of threat (of exposure of the bully's own inadequacy)
<ul style="list-style-type: none"> The harasser often lacks self-discipline 	<ul style="list-style-type: none"> The bully is driven by envy (of abilities) and jealousy (of relationships)
<ul style="list-style-type: none"> The harasser often has specific inadequacies (e.g. sexual) 	<ul style="list-style-type: none"> The bully is inadequate in all areas of interpersonal and behavioural skills



Types of bullies

There are various types of bullies as suggested by Gardner⁵⁽¹⁶⁻¹⁷⁾:

- The *psychopathic bully*, who needs to dominate because of personal problems such as insecurity or being bullied him/herself.
- The *downsizer bully*, who emerges as a result of the downsizing activity of the late 1980s and early 1990s.
- The *top-dog bully*, who causes a 'cascade' of bullying down the system, as top management set the agenda on what is acceptable behaviour.
- The *serial bully*, who is the most dangerous type of all the bullies. She or he is not merely reacting to stressful or unhealthy workplace conditions but engages in psychological aggression regardless of the circumstances. The serial bully is very aggressive and dysfunctional. Often an introvert, this type of bully is much more difficult to detect and handle. Introverted bullies tend to be very intelligent and 'very subtle', leaving little, if any evidence of their handywork.

Bully behaviour

Behaviour exhibited by these bullies may be found in the five bullying behaviour categories as suggested by Rayner & Hoel¹¹⁽⁶⁻¹⁰⁾. These include:

- Threat to professional status (e.g. belittling opinion, public professional humiliation, accusation of lack of effort).
- Threat to personal standing (e.g. gossiping about, name-calling, insults, teasing).
- Isolation (e.g. preventing access to opportunities such as leave or education/training, physical or social isolation, with-holding of information).
- Overwork (e.g. undue pressure to produce work or perform at an unrealistic level; impossible deadlines, unnecessary disruptions).
- Destabilisation (e.g. failure to give credit when due, meaningless tasks, removal of responsibility, shifting of goal-posts, repeated reminders of error, setting up to fail).

Whether ruthless bosses or screaming coworkers, bullies are an increasing problem for many workers both nationally and internationally, with the International Labour Organisation, the International Council of Nurses and the Public Services International describing bullying as offensive, vindictive, cruel, humiliating behaviour and undermining groups of individuals¹⁴.

Reasons for bullying

Workplace bullying is usually in response to the rage, fear and uncertainty which many of us face in the 21st century and is caused by high levels of stress that result from globalisation, downsizing and continual technological expansion and demands within the health care system. Bullying Online¹⁵ suggests that the purpose of bullying is also to hide one's own inadequacies. Individuals can feel inadequate, incompetent and unable to meet the obligations of their role, and/or are fearful of being exposed.

Other reasons for bullying include:

- The person resisted the bully's control.
- The bully envied the person's competence and social skills.

- The bully was bothered by the ethical behaviour of the person.
- The bully had a vindictive and cruel personality.

Why does nursing have bullying?

Bullying in nursing is rampant. It is too often unidentified and tolerated. Four reasons as to why bullying exists in the nursing profession are stated by Spring & Stern¹⁶⁽¹⁻³⁾:

First: From the point of entry into nursing education, the focus is on the patient. What are the patient's needs? How do we meet them? The humanness of the nurse, with his/her own potentially conflicting needs, is not attended to. Therefore nurses are socialised from the start to be other-directed (specifically patient-oriented). The more outer-focused a nurse is, the increased rewards he/she receives within the profession.

Second: Nurses experience a multitude of injustices everyday. Generally being outer-focused, they do not stop to evaluate the impact upon their emotional well-being of the behaviour to which they have been exposed. They have become desensitised to the effects upon themselves.

Third: It is well known that 'nursing eats its young'. It has been long standing, and passed down from one generation of nurses to another. As such, each of us was socialised into a culture in which this behaviour has a long tradition.

Fourth: Nursing remains predominantly a women's profession. As such, it trails far behind the progress women have made in society as a whole. The profession still remains oppressed. Nurses continue to fight to establish their identity, value and worth, as well as dealing with the continual erosion of their role by technicians and patient carers/assistants. Too often, they feel helpless and powerless to affect change. The result of this is to turn their negative feelings of anger, frustration, self-criticism on their own colleagues in a displaced effort to gain some power.

Another possible reason for the prevalence of bullying within nursing is that the profession has a historical culture of servitude and dedication which has led to rigid hierarchy and authoritarian attitudes. It may well be the case that how particular workplace cultures have developed has a bearing on the frequency of bullying or, to put it another way, some working practices may lend themselves more than others to a bullying culture. If so, then those same workplace cultures will find it hard to evolve in a different direction. Individuals who have been able to use the existing culture to their advantage may not wish to recognise the need for change. It will take commitment and active involvement of all categories of worker up to and including senior management to change a culture¹⁷. To create this change, it is necessary to put into place certain strategies to assist with the management of workplace bullying.

Strategies for managing workplace bullying

Legal obligations relevant to the work conduct of organisations and their employees are included in legislation, industrial awards and common law. These describe the responsibilities of employers, employees and others. Where workplace bullying occurs, it should be identified as a hazard that carries a risk of harm to the person being bullied and action taken to stop it and prevent it re-occurring. A major strategy is to adopt a 'zero tolerance' stance towards bullying



To achieve that goal, a unified approach is required across the health care sector with full support and commitment from State governments, organisations, employees and the community.

People who are subjected to workplace bullying also need strategies to empower them to deal with the situations. The following are possible strategies to consider:

- Raise the issue at staff meetings so that people are aware of the issue.
- Ensure your area or workplace has a procedure in place for dealing with this issue.
- Find out if your workplace has a clear statement of 'zero tolerance' indicating that bullying is not acceptable behaviour, and outlining the types of behaviours that are to be regarded as inappropriate.
- Develop a flowchart so staff know where and who to go to. Include key support personnel, such as staff counselling services.
- Develop a brochure with titles, such as *It's not OK to be bullied*. Address areas such as How do I know I have been bullied? I'm too scared to tell anyone, so what should I do? and Who can I talk to?
- All awards have a grievance procedure, which may be modified to deal with bullying. Review your award if you are uncertain. Your workplace may have a sexual harassment referral officer or workplace health and safety representative network that can assist people with bullying issues. If not this may be able to be modified to incorporate assisting such concerns. However, people who will be required to deal with bullying should have appropriate training on this issue.

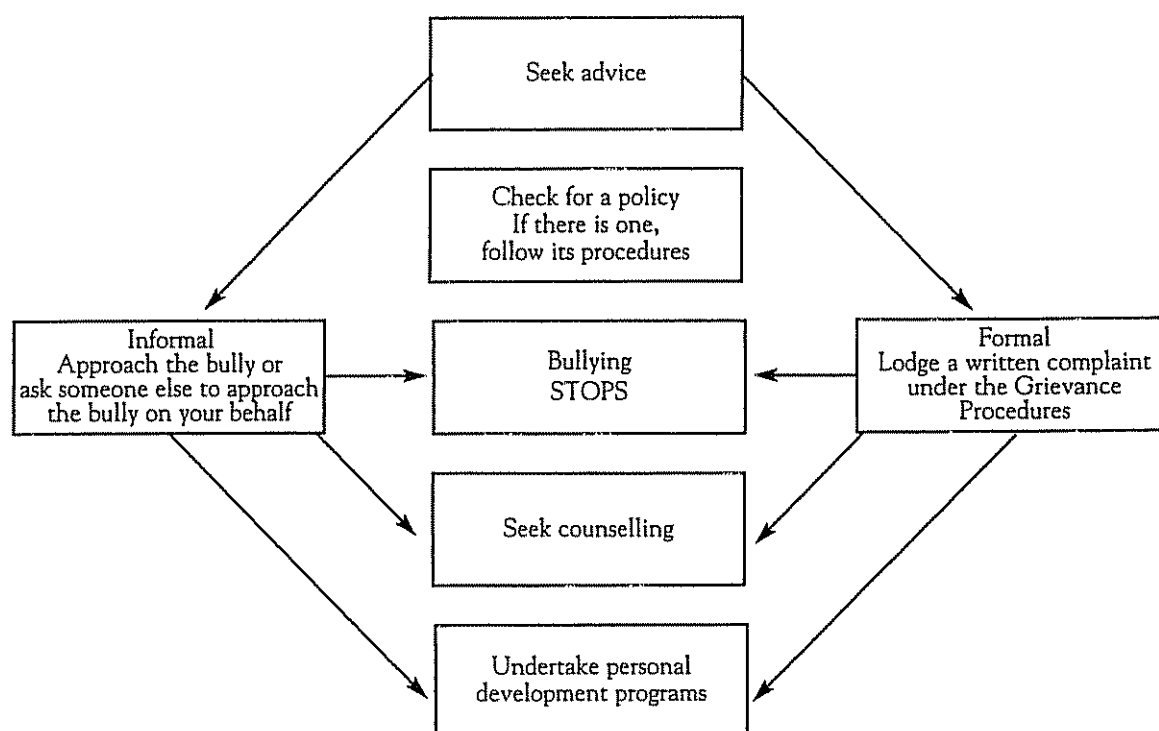
- Should you be subjected to bullying, you should take comprehensive notes regarding the incidents. This can be in a diary form.
- Informally, approach the bully (possibly through a representative). Formally, lodge a written complaint.
- If you witness such behaviour, in some instances immediate intervention may be appropriate or there may be the need for an incident report to be written.
- Seek counselling if necessary. Access to appropriate counselling services should be available in the workplace for staff involved in these issues^{8, 12}.

If you are a target, a process for dealing with the issue of bullying, as suggested by WorkSafe WA^{8(p.3)} is indicated in Figure 1.

Conclusion

Although no definitive strategy or process will ever be appropriate for all workplaces, we must begin to change the way work is done in certain settings to minimise or remove the risk of workplace bullying. We must also change the way we think about workplace bullying by shifting the emphasis from reactionary approaches to prevention, and by embracing workplace bullying as an occupational safety and health issue. Long-term efforts to reduce the level of bullying within Australian society must address a variety of social issues such as education, poverty and environmental justice. However, short-term efforts must address the pervasive nature of bullying in our society and the need to protect workers. We cannot wait to address workplace bullying as a social issue alone but must take immediate action to address it as a serious occupational safety issue.

Figure 1. Process for dealing with workplace bullying¹⁹.





Nurses offer invaluable resources to each other, their clients and their workplaces. Through effective planning and problem solving, we can collaborate with other nurses and other disciplines to enhance the future of health care and develop safer workplaces with appropriate attention to staff support structures. Just as we are advocates for safe and quality health care for our clients, we must be champions for creating a safe and positive work environment for ourselves.

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