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## Submission to Inquiry into Workplace Bullying

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The Australian Nursing Federation (ANF) is pleased to make a submission to the House of Representatives Standing Committee on Education and Employment's Inquiry into Workplace Bullying.

### **Background on the ANF**

The ANF is the national union for nurses, midwives and assistants in nursing with Branches in each state and territory of Australia. The ANF is also the largest professional nursing organisation in Australia. The ANF's core business is the industrial and professional representation of its members.

The ANF has over 215,000 members and they are employed in a wide range of enterprises in urban, rural and remote locations, in the public, private and aged care sectors including nursing homes, hospitals, health services, schools, universities, the armed forces, statutory authorities, local government, and off-shore territories and industries.

The ANF participates in the development of policy in nursing and midwifery, nursing and midwifery regulation, health, community services, veterans affairs, education, training, occupational health and safety, industrial relations, immigration and law reform.

Nurses, midwives and assistants in nursing are the backbone of service provision in health and aged care.

### **Overview**

Workplace bullying is a serious health and safety hazard affecting nurses and midwives. The ANF considers that workplace bullying is an occupational health and safety issue and, as such, should be prevented using a risk management approach. This means that where the risk of bullying occurring is identified, the hierarchy of control must be followed in the control of the hazard, ie. the risk must be eliminated or, if this is not reasonably practicable, reduced. The ANF expects all employers of nurses and midwives to take appropriate measures to prevent bullying in the workplace, and if it is reported, to take appropriate measures to address it and prevent it from recurring.

**Attached** to this submission is the ANF's national bullying policy, *Bullying in the Workplace*. This outlines the ANF's general position in relation to the prevention and elimination of workplace bullying.

The ANF has seen and generally supports the submissions of the ANF (Victorian branch) to this inquiry and the recommendations contained therein. The ANF also supports the submissions of the Australian Council of Trade Unions.

The ANF supports the finalisation of the draft model code of practice currently being developed through Safe Work Australia.

The ANF's submission largely focuses on the experience and perception of nurses in relation to bullying in the workplace.

### **The prevalence of workplace bullying in Australia and the experience of victims of workplace bullying**

The following quotes come from nurses surveyed as part of the ACTU's *Secure Jobs, Better Future* campaign and associated *Independent Inquiry into Insecure Work in Australia*. The quotes demonstrate the experiences and perceptions of nurses in relation to bullying in the workplace [note the comments are largely unedited, so some spelling and grammar errors appear. In addition separate paragraphs are from different respondents]. The quotes are responses to a broad question that asked if respondents had any other comments and experiences about the topics covered in the earlier part of the survey.

A common theme of responses relating to bullying was that nurses feel dissatisfaction with how employers handle bullying in workplaces, and that more needs to be done by employers to address this issue:

*bullying and harrassement need to be addressed to a much larger extent in the workforce and actions that can be taken to address it need to be increased*

*Bullying as well as persecution of whistleblowers are still issues.*

*HR departments in health care groups and institutions ie. public hospitals, should be closer regulated and require independent mediators at the commencement of all Bullying and harassment claims. HR within large institutions are self serving and invested in self preservation of the institute and middle and upper management. This must be changes as peoples lives are being ruined.*

*I feel that bullying in the workplace has had alot of publicity in recent years, money and resourses have been spent on making shiny fancy posters, but when it comes to the crunch and a person seeks help in the workplace for bullying, it seems that the workplace is too afraid to take a stand against the bully and end up protecting them instead of assisting the victims.*

*Im sick of Bullying being common place in Managment towards staff @ work. Its like they are exempt and there is nothing we can do!*

*In regards to bullying and harassment, there is a lot of apparent action, statements, codes of conduct, rules of engagement etc but on the ground, those in powerful positions continue to treat those lower down the scale with a level of contempt.*

*Upper management say they are preventing bullying, discrimination etc, however my belief is they are the main perpetrators*

Some noted the negatives of making a claim for workers compensation based on an experience of bullying and harassment:

*Bullying and harassment in the workplace are identified and strategies are allegedly in place. However those who bully and harass are never called to account. The victim of bullying and harassment has to go through a very trying process to receive any compensation, particularly through Worker's Compensation. This is extremely detrimental to someone who has sustained a depressive illness as the result of bullying and is almost harder than dealing with the illness incurred.*

Some comments illustrate the effects that bullying can have on the careers of nurses, and demonstrates that bullying and occupational health and safety issues more generally are one of the factors contributing to nurses leaving the profession, and thereby not assisting in solving the current shortage of nurses in Australia:

*All i know is that i have been nursing for over 20 years and i am unable to get ahead. I work 60 - 70 hours PER WEEK!! With the conditions we work under you would think that institutions would value their most prized assets. If i had the ability i would turn my back on nursing, not because i dont love my job, but the thanklessness and internal horizontal bullying eventuallt wears you down.*

*I just left a well paid job(twice in last 3 years) in the public health networks due to poor leadership, bullying + harassment, lack of concern for staff wellbeing by senior management + unrealistic work expectations inrelation to the introduction if technology in the workplace. My biggest concern was that senior managers in one network after wreaking havoc by cost cutting then moved to another to do the same razorcutting style job! Many of us feel disempowered by their techniques.*

Others noted the potential effects of workplace bullying on the organisation itself and on their patients/residents:

*It would be important to deal with bullying ,harassment and discrimination promptly,not leave it go for several years because it destroys the work enviroment increases sick leave, has bad patient outcomes, causes increased stress for staff*

Some touched on ways workplaces could address issues of workplace bullying:

*There seems to be a need to supply easily accessable, easy to understand information on basic workers rights and basic responibilty of employers. Bullying and harrassment is rampant in many areas and even when policy is followed nothing is achieved and the victimisation continues. Perhaps even putting items on facebook or twitter, keeping everyone up to date with their basic rights and responsibilities.*

### **Reluctance to speak up due to fear of bullying**

The ANF has concerns that employee fear of being bullied has a negative effect on ensuring the health and safety of workers in the workplace, both in relation to preventing bullying itself but also in relation to other OHS hazards. That fear can also prevent employees from speaking up about other workplace entitlements, eg pay and conditions.

Nurses are less likely to report OHS and other workplace issues (including bullying) arising in the workplace due to concerns that they may be bullied by management (or others) as a result or that their employment might be terminated or not otherwise continued (eg. non-renewal of a fixed-term contract). This is all the more the case for nurses on insecure and precarious employment arrangements, for example casuals and those on fixed term contracts, who can face risks to their health and safety over and above the ample risks faced by nurses on more secure arrangements.

The following comments from the survey mentioned above touch on these issues:

*Bullying is alive and well within the Qld health nursing sector. The management are often part of it. Nothing good comes out of reporting things. I know from experience.*

*Bullying, harrassment and Discrimination are a silent plague in the workplace. Even if a worker does raise the issue- the fallout is destructive to all concerned.*

*As a nurse I work in an environment which is ruled by codes of conduct and ethics. Sometimes I think upper management use these codes as a tool to bully nurses or sudee nurses not to stand up for their rights in the workplace. As our codes of practice are not that straight forward for the average person to comprehend unless you have a law degree. Nurses are generally afraid to over step the mark to defend our rights. Therefore, this is why we tend not to stand as one, afraid of the consequences being job security and loss of registration.*

*Ask us more about bullying and harrassment in the workplace. I certainly have seen a great increase in this style of 'management' in the last 5 years. I think that is what is holding alot of us back from speaking up, fear of reprisal.*

*I feel working conditions, safety, the absence of bullying and harrasment are very important issues also superanuation contributions. The right to work in a safe environment free from harrassment and bullying, with the right to speek up if there are OH+S issues without repracussions are all very important issues to me.*

*The one main problem I had in the last couple of years was bullying in my previous job that couldn't be addressed: it was from educators in a hospital and trying to address it would have had negative outcomes. The main issue is making everyone - including education and*

*administration accountable for the way staff are treated and their actions. I have now left that job.*

Further, many nurses, particularly in aged care, are nervous about volunteering to become a health and safety representative for fear of retribution from their employer and the security of their job. Workplace bullying therefore is a significant barrier to implementing the consultation and worker representation arrangements outlined in OHS legislation (including the recent national model OHS legislation), which in itself undermines the ability to eliminate and minimise OHS risks in the workplace.

The ANF recommends that there should be confidential surveys about why employees are reluctant to step into roles like that of the health and safety representative and whether this relates to job insecurity and fear of bullying by management.

### **Focus group feedback**

The ANF has received additional feedback recently on the issue of workplace bullying. From January to April 2012, the ANF undertook a comprehensive series of focus groups with members and non members who work in public hospitals, nursing homes and community healthcare. The aim of the focus groups was to hear directly from frontline health workers (ANF members and non union members) about issues in their workplace, satisfaction with health and nursing, and morale issues. Focus groups were held in Queensland, New South Wales, Victoria, Tasmania and South Australia and conducted by an external company.

Nurses and Assistants in Nursing during these focus groups repeatedly expressed concerns in relation to bullying at work, the inability to change situations in their workplace, and described terrible workplace situations. One member commented that “Bullying is rife in the industry” (aged care).

Anecdotally members and non members described concerns in relation to “management walking all over them”, that they just “have to take whatever the bosses say”, and that they feel powerless to change a bad workplace culture or environment.

There was a higher degree of knowledge amongst ANF members that they did not have to tolerate bad experiences or work practices, when compared to the anecdotal evidence of non-union

members. Nurses directly equated membership of the ANF as important to them to help stop bad workplace practices including bullying and advising them on ways to deal with workplace problems and cultures.





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## bullying in the workplace

Bullying is repeated unreasonable behaviour directed toward an employee or group of employees that creates a risk to the psychological or physical health or safety of the employee/s<sup>1</sup>. Bullying can occur by a single person or a group of people. It can be direct or indirect, physical or psychological, and it need not be intentional. Effects of bullying include physical and psychological symptoms.<sup>2</sup>

Nurses and midwives are commonly exposed to bullying behaviours because they are often employed at workplaces that have systems and organisational structures in place that are well recognised as exacerbating the risk of bullying.<sup>3</sup>

It is the policy of the Australian Nursing Federation that:

1. Workplace bullying is a serious health and safety hazard affecting nurses and midwives.
2. Nurses and midwives have a right to be protected against bullying in the workplace. Bullying in the workplace is unacceptable and will not be tolerated.
3. Bullying is a health and safety hazard, and the ANF is committed to the prevention of bullying using a risk management approach. This means that where the risk of bullying occurring is identified, the hierarchy of control must be followed in the control of the hazard, i.e. the risk must be eliminated, or if this is not reasonably practicable, reduced.
4. The ANF encourages all who experience or witness bullying behaviour in the workplace to report all instances of bullying.
5. The ANF expects all employers of nurses and midwives to take appropriate measures to prevent bullying in the workplace, or if it is reported, to take appropriate measures to address it and prevent it from recurring.
6. Employers have an obligation to:
  - (a) provide nurses and midwives with a working environment that is safe and without risk to health, and which is free from the risk of bullying,
  - (b) have written organisational policies and protocols developed in consultation with employees and managers in relation to bullying, and in particular:
    - develop and implement a prevention of bullying policy, which outlines behaviour standards, measures to prevent bullying and potential serious consequences of not complying with the policy,
    - provide incentives for, and create obligations upon, managers in relation to people management, for example via key performance indicators and contract clauses,

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- consult with employees and Health and Safety Committees on the development and implementation of all policies and procedures,
  - develop (in consultation with employees and Health and Safety Committees) specific procedures for dealing with reported instances of bullying, including independent external review processes.
- (c) provide such information, instruction, training and/or supervision as is necessary in order for nurses and midwives to perform their work in an environment that is safe and without risks to health, including providing:
- i. education programs for managers and employees that develop an awareness of employees' rights and responsibilities in relation to bullying that includes an understanding of what constitutes bullying and the principles of natural justice;
  - ii. training (including induction and refresher training) for management and other personnel on:
    - The unacceptability of workplace bullying
    - workplace policies and procedures for prevention, incident reporting and management of workplace bullying
  - iii. information about support mechanisms for victims of bullying;
- (d) maintain appropriate consultative and representative structures (including HSRs and Health and Safety Committees) to enable proactive and fearless reporting of incidents of bullying to both management and/or HSRs
- (e) monitor workplace relations on a continuing basis to ensure that appropriate behaviours are practised; and
- (f) provide processes within the workplace to give relief to victims of bullying.
6. Employees who consider they are being subjected to harassment, discrimination and bullying should:
- (a) Keep a diary of incidents which are or may be considered harassment, discrimination and bullying; and
  - (b) Inform their employer and their ANF representatives.
7. Employees should do the following:
- (a) Nurses and midwives have an obligation to follow policy and procedures relating to health and safety, including relating to aspects of workplace bullying.
  - (b) Nurses and midwives must take reasonable care of their own health and safety and the health and safety of other persons (employees and others) who may be affected by their acts or omissions at the workplace, in relation to bullying behaviours.
  - (c) Nurses and midwives must co-operate with the employer with respect to any reasonable action taken by the employer to provide a safe and secure workplace, and fulfill the employer's duties under occupational health and safety legislation.

- (d) Nurses and midwives should report to management any work-related bullying hazard or incident as soon as they become aware of it in order to enable preventative measures to be implemented.
  - (e) Nurses and midwives in management and supervisory positions should recognise the causes and signs of bullying behaviours by managers and other nurses/midwives and staff, and act to address these.
  - (f) Nurses and midwives in management and supervisory positions should also be mindful of their own behaviours and their potential effect on others.
  - (g) Employee non-compliance should be addressed in accordance with the workplace bullying prevention policy and procedures.
9. Employees who consider they are being subjected to bullying should:
- (a) Keep a diary of incidents which are or may be considered bullying including the names of any witnesses; and
  - (b) Inform their employer, health and safety representative, and the ANF.

*reviewed and re-endorsed november 2004*

*reviewed and re-endorsed december 2007*

*reviewed and re-endorsed november 2011*

#### reference

1. Note bullying is sometimes also referred to as “**harassment**”. “**Unreasonable**” means behaviour that a reasonable person, having regard to all the circumstances, would expect to victimise, humiliate, undermine or threaten. “**Behaviour**” includes the actions of an individual or a group and may involve using a system of work as a means of victimising, humiliating, undermining or threatening.
- 2 Effects include headaches, sleep disturbances, digestive problems, low self esteem, anxiety and depression, deterioration of relationships at work, personal relationships and quality of life.
- 3 Note employers have a right to reasonably direct and control the ways in which work is carried out in their workplace. Legitimate and reasonable performance management processes, disciplinary action and the allocation of work in compliance with relevant systems is **not** workplace bullying.