Bullying in the Workplace

Developed April 2016 Reviewed April 2021 Next review December 2021

KEY STATEMENT

One of the undesirable features of the health care sector in Australia is a culture of bullying and harrassment (ACT Health 2019, Westbrook et al. 2018). Consistent with nursing's professional practice standards, the Australian College of Nursing (ACN) upholds the right of all nurses to work in environments free from bullying and associated forms of abuse. ACN believes no form of such behaviour should be tolerated. Bullying is unacceptable regardless of workplace context, whether it is clinical practice, administration, education or research. This includes bullying from managers, supervisors, colleagues or other employees, patients and their relatives.

ACN recognises that workplace bullying both directly involves and affects the nursing profession and may be perpetrated by nurses and/or other health professionals. A growing body of empirical evidence describes the widespread and harmful effects bullying has on employees and health care delivery throughout the health and aged care sectors (Farrell & Shafiei 2012, Hutchinson et al. 2010, Sarwar et al. 2020). ACN believes that the emotional and physical stress of bullying experienced by nurses places additional pressure on the already significant demands of the health and aged care environments. In ACN's view, monitoring and managing bullying to reduce it in the workplace will help ensure the best possible health outcomes for nurses, patients, care recipients and the community.

Creating a respectful working environment that promotes teamwork and communication, safe and effective supervision, peer support and mentorship, will support prevention and elimination of bullying behaviours. These strategies can also help empower nurses and workplaces affected by bullying and assist in developing the support and skills necessary to recognise and deal with bullying and its consequences.

ACN supports the adoption of 'zero tolerance' to bullying across all health care settings and highlights the responsibility of organisational and professional stakeholders to prevent and address workplace bullying.

BACKGROUND

What is workplace bullying?

Consistent with the Fair Work Act 2009 (s.789FA - 789FI), workplace bullying is defined as:

"... repeated and unreasonable behaviour directed towards a worker or a group of workers that creates a risk to health and safety... Unreasonable behaviour means behaviour that a reasonable person, having considered the circumstances, would see as unreasonable, including behaviour that is victimising, humiliating, intimidating or threatening. A single incident of unreasonable behaviour is not considered to be workplace bullying, however it may have the potential to escalate and should not be ignored" (Safe Work Australia 2017).

Whether intentional or not, behaviours may be considered to be workplace bullying if they marginalise or exclude individuals or groups, are repeated, unreasonable and pose a risk to health and safety.

Reasonable performance management or feedback regarding an employee's workplace performance by managers should not be confused with workplace bullying. Neither should disagreements, differences of opinion and debates between employees be considered bullying, as long as they occur without "...engaging in repeated, unreasonable behavious that creates a risk to health and safety". (Safe Work Australia 2017).

Identifying workplace bullying is not always straight forward as bullying behaviours may be subtle. Bullying may occur in a variety of ways, for example, electronically, via email or text message, through social media, use of the internet or in person (Safe Work Australia 2017).

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The effects of workplace bullying

Workplace bullying not only affects individual employees but also the wider health and aged care workforce. Individuals who are subjected to bullying and those who witness these behaviours may be negatively affected by psychological stress, lowered self-confidence and self-esteem, depression and anxiety. In extreme circumstances, workplace bullying could generate post-traumatic stress disorder (PTSD) and thoughts of suicide. The emotional distress caused by being bullied or by witnessing bullying may result in a deterioration of performance.

Bullying affects mental health, which hinders the ability of staff to do their job. There is increasing evidence that even rudeness can affect patients' safety because it inhibits effective communication, which is vital in the provision of health care services. Unprofessional behaviour, including bullying and harassment, is one of the factors causing preventable harm to patients (Metherell, 2018; Vidette, 2013). Organisations as a whole experience negative impacts of bullying in the form of lowered staff morale and motivation, increasing absenteeism and staff turnover, which undermine organisational culture and productivity (Johnson 2009; Rodwell & Demir 2012: Safe Work Australia 2017: Wilkins 2013).

Workplace bullying in the health and aged care context is known to pose a threat to the delivery of high quality and safe care as it undermines positive practice environments. Workplace bullying disrupts effective teamwork and impedes the communication pathways and professional relationships that form the basis of safe care (Rosenstein & O'Daniel 2005, Vessey et al. 2009). These effects were identified to have played a critical role in the care failures experienced by patients throughout the Mid Staffordshire NHS Foundation Trust in England (Alberti, 2009).

While any individual or group of nurses may be subjected to bullying behaviours in the workplace, some cohorts are known to be particularly vulnerable including those integrating into the workforce, such as undergraduate students, newly registered nurses and overseas-qualified nurses. Research involving these groups links the experience of being bullied to a poor transition to practice experience, the erosion of safe medication practices and intent to leave the profession (Xiao, Willis & Jeffers 2014, Fernandez-Gutierrez & Mosteiro-Diaz 2021, O'Flynn-Magee et al. 2020, Rush, Gordon & Janke, 2014, Sahay, Hutchinson & East 2015).

Addressing workplace bullying

Nurses who are granted registration by the Nursing and Midwifery Board of Australia (NMBA), are required to meet the NMBA's professional standards in order to practise in Australia. These standards include a code of ethics and a code of conduct. Section 3.4 of the Code of conduct for nurses (the Code) specifies the NMBA's requirements in relation to "Bullying and harassment" with Section 3.4.a clearly stating that nurses must "never engage in, ignore or excuse" bullying or harassment behaviours (Code of Conduct, 2018). The ICN Code Of Ethics For Nurses (2012) sets out the NMBA's ethical expectations of nurses. In relation to bullying and harassment, "Element #4" of this code requires nurses to sustain a "collaborative and respectful relationship with co-workers in nursing and other fields" and to "Develop workplace systems that support common professional ethical values and behaviour" (International Council of Nurses, 2012).

Section 1.1 of the Code also requires nurses to comply with their obligations as set out in relevant legislation including any legislative requirements of the Australian Human Rights Commission. To assist nurses to meet these obligations the NMBA publishes a Fact Sheet: Code of conduct for nurses and Code of conduct for midwives (July 2019) and Case studies: applying the codes of conduct in practice (March 2018). The Fair Work Commission has further resources to determine what is and is not considered bullying and harassment as well as where to obtain assistance, for example, the Anti-bullying guide (November 2018).

Both the NMBA and ACN have a zero-tolerance approach to bullving and harassment. ACN expects that all nurses will make themselves familiar with their ethical and legal obligations and requirements and act accordingly.

In 2013, Australia's Federal Parliament passed amendments to the Fair Work Act 2009 (the Act) setting out new standards and specific provisions on workplace bullying. The object of the Act is to "provide a balanced framework for cooperative and productive workplace relations that promotes national economic prosperity and social inclusion for all Australians". In 2018 however, an integrative review of the literature found that workplace bullying and harassment within the nursing profession had been increasing. The authors concluded that strategies to address the problem, first required identification of the factors that allow bullying and harassment to continue (Hartin et

The elimination of workplace bullying requires a multidimensional approach that addresses the behaviour of individuals as well as any contributing organisational, cultural and social factors. Workplace bullying may be minimised by taking an active approach to identifying and addressing such behaviours, as well asthe situations and environments that create potential for bullying to occur.

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Education and training also play an important role in the prevention and management of workplace bullying. For instance, emphasising the impact bullying has on colleagues, the wider organisation and productivity, as well as clarifying roles and responsibilities of individuals, managers and supervisors in the prevention and management of workplace bullying.

Some recommendations for improving and managing workplace bullying made by ACN in its submission to the parliamentary inquiry into workplace fatigue and bullying in South Australian hospitals and health services are:

- Most bullying is hierarchical i.e. experienced by subordinates from managers and seniors. Thus, managers should be educated and trained in the required soft skills and tools to manage relationships and emotions better (Health Times, 2017).
- Promotions to managerial positions should be based on whether a person has the people skills to professionally and genuinely lead subordinates, and the discipline to follow organisational values (Health Times, 2017). A study of nurses conducted in Australia found that incivility and bullying are found less in hospitals where line managers demonstrate behaviours of 'authentic leadership'. The researcher added that the nature of the health care sector is such that bullying has become very common. This is because decisions about promotions are not based on soft skills such as people and relationship management, but instead on a person's technical skills in treating patients.
- Inequities in workload distribution and shifts contribute towards bullying. When nurses feel they are working more or worse shifts compared to others, they are more likely to bully or harass those other nurses. Strategies to decrease inequities in workload distribution through automation of processes are likely to mitigate this problem.
- Holding staff at all levels accountable for bullying behaviour and developing governance processes, as well as a safe environment for reporting bullying incidents is very important. Part of this should be establishing systems and processes that are monitored to evaluate effectiveness.

Nurse leaders play a vital role in the prevention of bullying through the demonstration of a clear commitment to the elimination of workplace bullying and visibly supporting an open culture in which unacceptable behaviours are addressed expeditiously.

ACKNOWLEDGEMENTS

Adjunct Professor Kylie Ward, CEO of ACN Dr Lexie Brans, Policy Strategist at ACN

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CITATION:

Australian College of Nursing (ACN). 2021, 'Bullying in the Workplace - Position Statement', ACN, Canberra. © ACN 2021

Paperback ISBN: 978-1-925913-88-0 Ebook ISBN: 978-1-925913-92-7

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