WORKPLACE BULLYING

WHY IS NZRDA CONCERNED ABOUT BULLYING?

Unfortunately, no workplace is immune to bullying. Where there are people, there is likely to be conflict once in a while, and the hospital environment is no exception. Bullying is harmful and in an environment where we are trying to improve the workplace experience for resident doctors, the prevalence of bullying directed at, and on occasions by, our membership must be a cause for concern.

In 2004 the New Zealand Medical Journal reported a growing concern for medical professionals in light of growing evidence of workplace bullying in the healthcare system.\(^1\) The NZRDA had reported “an avalanche” of complaints about resident doctors being subjected to workplace bullying and harassment. In the prior 12 months there were six complaints to the NZRDA about physical assaults on resident doctors by other members of staff. Verbal abuse was reported to be much more prevalent, however under-reported. There were 11 reports of verbal abuse, five of which resulted in disciplinary action. Since then the numbers have continued to grow however we also know that most instances go unreported, even in severe cases.

In 2008 a survey of resident doctors was conducted at Auckland Hospital to explore the frequency, nature and extent of workplace bullying.\(^2\) House officers and registrars were asked to fill in a questionnaire anonymously.

- 50% of the doctors who responded reported at least one episode of bullying behaviour.
- 50% of those who were bullied were either first year house officers or first year registrars.
- Resident doctors under the age of 25 reported more incidences of bullying than those over 25.
- The results showed that there were no differences between sex, ethnicity, or whether or not the doctor was trained in New Zealand or overseas.
- Interestingly, the main perpetrators were consultants and nurses, followed by patients. Registrars were more often bullied by consultants, and house officers by nurses.

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\(^1\) NZMJ 22 October 2004, Vol 117 No 1204.
\(^2\) NZMJ 19 September 2008, Vol 121 No 1282.
Why is bullying in the healthcare system either becoming more prevalent or being less tolerated? There are several reasons suggested for why bullying may continue and thrive in the medical profession.

Firstly, healthcare professionals receive very little, if any, managerial or leadership training. Secondly, there is a lack of appreciation for personality differences between people, causing interpersonal conflict. A third cause is the general denial that bullying exists in the workplace. Last (but probably not least), a hospital has a very hierarchal system of power differentials and behaviours that are passed down from teacher to learner, thus enabling bullying to flourish.

What follows is a guide to what bullying is, is not and what to do if you are subjected to this inappropriate behaviour. NZRDA has also approached NZNO (Nurses Organisation), medical colleges and ASMS (union for SMOs) to enlist their assistance to stamp out bullying as well as our employers who already have zero tolerance policies on this matter.

**WHAT IS WORKPLACE BULLYING?**

There can be many hazards in a workplace – fire hazards, needle-stick injuries, wet floors, among many others. A particular type of hazard is on the rise, however – the workplace bully. We all know that sometimes colleagues just don’t get along, and unfortunately there will be personality clashes during your working life. But what happens when that personality clash turns into something more harmful and the workplace becomes a place to fear?

Workplace bullying has been defined as:

Unwanted and unwarranted behaviour that a person finds offensive, intimidating, humiliating and is repeated so as to have a detrimental effect upon a person’s dignity, safety, and well being.\(^3\)

The ERA has also commented that:

Bullying may be seen as something that someone repeatedly does or says to gain power and dominance over another, including any action or implied action, such as threats, intended to cause fear and distress... The behaviour has to be repeated on more than one occasion and there must be evidence that those involved intended or felt fear.\(^4\)

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\(^3\) Hayden Olsen *Workplace Bullying and Harassment* (CCH New Zealand Limited, Auckland. 2005) 8.

\(^4\) *Evans v Gen-I Limited* unreported, D King, 29 August, AA 333/05.
Bullying can be overt:

- Threats
- Coercion
- Verbal abuse
- Degrading or belittling comment
- Shouting or yelling
- Unexplained rages
- Unjust criticism or fault finding
- Humiliation
- Unjustified punishment
- Non-verbal communication (i.e. eye rolling; looking out the window)

And bullying can be covert:

- Deliberate overloading with work or impossible deadlines
- Constant alteration of work targets
- Sabotaging an employees work (i.e. deliberate withholding of required information)
- Hiding documents or equipment
- Not providing appropriate resources or training (by an individual)
- Isolating or ignoring an employee (i.e. using a third party to communicate)
- Undermining another's authority or standing
- Circulating negative rumour

To sum it up, workplace bullying is persistent, offensive, abusive, intimidating, malicious, or insulting behaviour; it’s an abuse of power or unfair penal sanctions. These types of actions can make the recipient feel upset, threatened, humiliated, and can undermine self confidence.

**WHAT IS BULLYING NOT?**

Just because you don’t like it, doesn’t mean it must be bullying. Bullying (or harassment) does not include:

- Friendly banter or mutually accepted jokes
- Consensual relationships
- The issuing or reasonable instructions
- The insistence of high standards, especially in respect to safety and team cooperation
- Legitimate criticism of work performance
HARASSMENT: IS THERE A DIFFERENCE?

Bullying and harassment are both destructive behaviours. They are unwelcome and offensive, and both have a detrimental effect on an employee.

Andrea Needham had 25 years’ experience as an ER expert both in New Zealand and overseas. Her book, *Workplace Bullying – A Costly Business Secret* dragged our workplace culture of bullying into the spotlight. Needham’s experience has taught her that a workplace bully is typically near the top of a hierarchal organisation, and uses status to reinforce power. However, there are also incidences of horizontal violence or bullying by one’s peers.

But is there a difference between bullying and harassment? Needham describes harassment as being about the target. It’s about sex, race, disability, etc. whereas bullying is about the bully and his or her addiction to control.

Harassment may also be unintentional if the harasser holds different views, ethnic or cultural boundaries, or receives conflicting messages. Bullying is almost always deliberate. Harassment is unlawful under the Human Rights Act 1993 and the Employment Relations Act 2000. Bullying, however, is not specifically covered by these Acts.

Harassment can be a one-off incident, whereas bullying tends to be repetitive behaviour. Harassment can be at any level in the workplace, whereas research shows that bullies usually operate from a position of power.

A target should always confront their harasser; tell them what specific behaviour they object to, and what they want him or her to stop doing. In cases of bullying, especially if the bully is your manager or supervisor, confrontation may not be the best first step.

PROFILE OF A WORKPLACE BULLY

Understanding how workplace bullies operate can help us all to identify and eliminate this unacceptable behaviour.

On their website [www.bullyinginstitute.org](http://www.bullyinginstitute.org) Namie and Namie categorise bullies into three overall types and four behaviour categories. While the categories are distinct, a skilled bully can exhibit all behaviours and one or more type, depending on the situation.

**Types:**

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1. **The Chronic Workplace Bully**
Learned childhood behaviour, a personality defect, even mental illness creates this type of workplace bully. They are by far the most dangerous, with a target always in their sights. Peter Randall, in his book *Bullying in Adulthood*, explains that he believes chronic bullies do not process social information accurately and seem to make unrealistic judgements about other people's intentions. They conceptualise themselves as being superior and powerful. Some think this type of bully is not capable of empathy.

2. **The Opportunistic Workplace Bully**
This individual is highly self-centred, ambitious, and prepared to win at any cost, which means controlling everything and everyone on his/her way to success. Targets are chosen to ensure that contacts, situations and exposures are maximised to get ahead. They will exploit weaknesses of any kind. However, with strong enough management that expressly rejects bad behaviour towards others, they can be contained and their energy used positively. While they can exhibit similar behaviour to the chronic bully, they tend to be driven more from their own personal ambition than a psychological defect.

3. **The Situational (Accidental) Workplace Bully**
These bullies take advantage of a situation, especially if there is a history of bullying, dictator-style management, weak leadership and/or poorly defined or hierarchical organisation structures. They are likely to join the pack and become involved in ‘mobbing’ one or more individuals lower down the hierarchy. They will often use a chronic bully’s power base to elevate them to a position of importance.

**Behaviour Patterns:**

1. **The Constant Critic**
You won’t be able to do anything right for this person. They undermine the target through sheer volume of destructive criticism under the guise of helping. They use lies to convince and persuade and speak in patronising and condescending tones.

2. **The Two-Headed Snake**
These people cannot be taken at face value. They are the snake oil charmers – seductive and dangerous. Don’t believe anything they say; instead, watch what they are actually doing.
They can be extremely dangerous because a target will never know whether they mean what they say or whether they are using the situation for personal gain. The best course is to distrust everything they say. They may be praising you to your face but criticising you behind your back. Charm is one of their main tools. Think of charm as a verb: “This person is trying to charm me” and you will be able to see around it.
3. The Gatekeeper
These bullies have to be on top no matter what. They have extreme control issues. Their reputation always precedes them. They will openly sulk, isolate and exclude targets, play the martyr regarding work level and hours, and make up rules and regulations in their efforts to control their targets.

4. The Screaming Mimi
These bullies are statistically rare but stereotypical. They can be physically threatening and will almost always single out a target to humiliate in front of others. They will accuse in public but only ever apologise in private and only if they absolutely have to. The only good thing about them is that you know who they are and they target less discriminately than other workplace bullies, so everyone is in the same boat.

WHAT ARE MY RIGHTS?

Every employee has the right to a safe and healthy workplace and every employment agreement contains certain fundamental terms that are implied into an employment relationship. One of those implied terms is that your employer has a duty to provide a safe and secure working environment for you.

In order to do that, your employer is required to take reasonable steps to prevent you from physical or mental harm while at work. This duty has been coded in the Health and Safety in Employment Act 1992 ("HSE Act"). In 2002 an amendment to the HSE Act recognised that a person’s behaviour can in fact be an actual or potential source of harm in the workplace, and an employer’s duties under the HSE Act extend to workplace bullying.

If an employer receives a complaint about workplace bullying, it has a duty under the HSE Act to eliminate, isolate, or minimise the hazard so as to protect the employee and ensure that the workplace is safe.

WHAT CAN I DO ABOUT IT?
Often the reason bullying goes undetected and is able to continue in a hospital is because the targets suffer in silence. The 2008 survey reported that the majority of doctors who had experienced bullying did not complain and 79% stated that they were afraid of complaining. The report also highlighted that a significant number of doctors did not know the process by which they can complain.

So what do you if you think you’re being bullied? We’ve put together a simple, practical guide to help you through the first steps to a safer workplace:

- One of the first things you should do is document all incidents of bullying behaviour. Record such information as the date, time, place, witnesses, how you felt, and a detailed description of the behaviour and what was said. Detailed accounts of bullying incidents become crucial in any ensuing investigation, especially where there are no witnesses. Try to make your records as contemporaneous as possible.

- Only if it is safe to do so, confront the bully and ask him or her to stop the behaviour. Politely but clearly make it clear that the behaviour is unwanted. Make sure you continue to keep contemporaneous records of any such attempts.

- If it is not appropriate to do this, the bullying behaviour must be brought to the attention of your employer. An employer cannot, after all, fix what it doesn’t know about.

- We encourage our members to also contact the NZRDA for assistance, support, and/or representation before making a complaint. The NZRDA can provide support to the member throughout the investigation process.

- Obtain a copy of the employer’s bullying policy to see what the employer’s process is and to whom the complaint may be forwarded. There may be instances where it is not appropriate to forward a complaint to the suggested person, and we encourage our members to seek NZRDA advice in that instance.
ZERO TOLERANCE

Bullying can have a devastating effect on the person being bullied. It can induce feelings of isolation, loss of confidence, feeling unable to cope, depression, anxiety, and can adversely affect performance. In a hospital setting, a toxic working environment can be dangerously dysfunctional, the effects of which can reach as far as substandard patient care.

Bullying is no longer tolerated in the workplace. It is your right to have a safe and healthy place to work, and it is your employer’s duty to provide it. Insist on nothing less.

When you enter into your new workplace, it is not only your patients that you need to look after. Take a zero tolerance stance against bullying: look after your colleagues and look after yourself.

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