
Crisis? What Crisis? Management Practices and Internal Violence and Workplace Bullying in Aged Care in Australia

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Abstract

According to the International Labor Organisation (ILO) (2002a), workplace violence and bullying represent significant compliance and organisational wellness issues. This is relevant for managers as most Westminster-style occupational health and safety (OHS) legislative frameworks have imported the common law duty of care into legislation placing statutory obligations on employers to implement risk prevention strategies. In this study of aged care in Queensland, Australia, compliance issues and human resource management (HRM) factors affecting the prevalence of workplace violence and bullying in the industry are examined. Contributing factors include poorly articulated employment relations policies and practices, including a lack of effective follow-up and poor management communication skills. The article concludes by setting out an appropriate HRM and prevention strategy for occupational violence and workplace bullying.

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INTRODUCTION

Under most Westminster-style occupational health and safety (OHS) legislation, the common law duty of care has been imported into legislation. This places an onus on employers to maintain safe workplaces through adopting risk management strategies as part of broader human resource management and compliance strategies. The role of risk management under Australian statutes has existed for several decades. For example, Section 85(c) of the Trades Practices Act 1974 (Commonwealth) and Division 12.3(c) and (d) of the Criminal Code 1995 (Commonwealth) enshrine a statutory duty on employers to adopt compliance strategies that aim to reduce risk of civil or criminal liability at either company or individual manager level or where liability is found, to reduce the penalties on the company or individual mangers. In the past two years, public liability and indemnity insurance premiums have substantially increased, worldwide. In addition, there is greater media focus highlighting perceived vexatious claims that give rise to excessive court awarded damages. Increasingly alarmed, community groups and professions have demanded that governments take action to curb excessive damages claims resulting in what McCarthy and Rylance (2001) describe as a ‘crisis like’ response.

Under Australian OHS legislation, employers must ensure a safe workplace. This includes taking practical steps to identify, assess and control reasonably foreseeable risks. For example, Section 28 of Workplace Health and Safety Act 1995 (Queensland) places specific obligations on employers to ensure the workplace health and safety of employees. Courts have increasingly adopted a broader view as to what constitutes injury. A psychological injury is a personal injury having both mental (e.g., post traumatic stress disorder), as well as physical (e.g., weight loss or gain, high blood pressure, heart disease) manifestations. A psychological injury does not need to actually occur for an employer to be found in breach of a duty of care. Indeed, a failure to provide a safe system of work is enough to be charged and prosecuted (NSW Court of Appeal 2002).

This article examines internal violence and workplace bullying in the aged care industry in Queensland, Australia. In health care, for example, production and consumption of services occur in close proximity of one another involving many categories of people including employees, patients, visitors, family, friends, clients, consumers and
the general public (Jones & May 1992). Further, risk management or risk prevention strategies in human services are more difficult to implement due to the uncertainty inherent in the management and control of different categories of persons using human services. Indeed, when people are working in close proximity to one another, unacceptable behaviours are always a potential risk. According to Bowie (2002: 1), “workplace violence has always been present in one form or another wherever people work together”. Factors such as interpersonal conflict, peer group pressure, occupational ranking, work intensification, cost minimisation, competitive work environments and poor management skills contribute to workplace violence and bullying behaviours (Diamond & Adams 1999, Ishmael 1999). Consequently, as Farrell (1997) observes, workplace violence and bullying can seriously undermine the safety and well-being of workers in high touch occupations such as health services. Nursing is traditionally associated with strict lines of authority and discipline, and this research took a first step to identify the different types of bullying behaviours in specific nursing workplaces and assess the effectiveness of HRM policies and practices. As management education increasingly targets improved communication and inter-personal skills an improvement in prevention is better able to deal with a multitude of groups and occupations in a closed environmental setting such as an aged care facility. This article is concerned with internal workplace violence and bullying that is committed by individuals employed in an aged care organisation (Mayhew & Chappell 2003).

The article is presented in three main parts. The first part examines the problems associated with definitions of workplace violence and bullying and reviews the relevant literature on the topic including OHS and legal issues. The second part of the paper considers the role of management and risk prevention in the area of workplace violence and bullying drawing on original research on internal violence and bullying in the aged care industry in Queensland, Australia. Finally, a discussion follows of the implications of the research and underlining the importance of linking risk management practices to wider organisational HRM and OHS strategies as a more effective risk prevention strategy in dealing with workplace violence and bullying.

**ISSUES IN RESEARCHING WORKPLACE VIOLENCE AND BULLYING**

Academic and HRM research on workplace bullying and harassment is attracting increasing attention from researchers in the organisational and psychology literature (Farrell 1997, 1999, Kieseker & Marchant 1999, Rayner, Sheehan & Barker 1999, Farrell & Bobrowski 2003). There are a number of issues confronting this type of research. First, there is the problem of definition. The International Labour Organisation (ILO 2002a) observes that there is a wide range of different labels used in various countries to describe workplace bullying making it difficult to compare ‘apples with apples’. Different labels used in various countries to describe workplace violence and bullying include terms such as ‘mobbing or bullying’ in Scandinavia, Germany, Italy, and Australia (Davenport, Schwartz & Elliot 1999). In the United States, the terms ‘workplace harassment’ (Bassman 1992) or ‘mistreatment’ (Spratlen 1995) or ‘emotional abuse’ (Keashly 1998) are often used in the literature. Recently, the European Foundation for the Improvement of Living and Working Conditions Report into Violence, Bullying and Harassment in the Workplace (2004) identified a multitude of terms to describe dysfunctional workplace behaviours including physical violence, harassment, bullying, psychological violence, and sexual harassment. According to Diamond (1997), whilst there are many terms used, ultimately, terms such as ‘workplace aggression’, ‘harassment’, ‘bullying’, and ‘violence at work’ represent different facets of workplace violence. Second, Liefooghe and Olafsoon (1999) note that the literature is very diverse ranging from scientific psychological/behavioural clinical trial type research to industry case study research resulting in a vast body of literature.

On the one hand, this body of literature is seen as lacking a systematic approach (McCarthy & Rylance 2001) engendering mono-casual factors and mono-dimensional explanations of complex workplace behaviours which serve to perpetuate negative industry stereotyping (Rylance 2001). On the other hand, however, the richness and diversity of occupational, industry and individual level studies have helped to expand knowledge about the prevalence and impact of occupational violence and workplace bullying. Hoel and Cooper (2000, 2001) suggest that society is now far better equipped, having a more diverse and useful understanding of the differential impact of workplace violence and bullying on organisational, occupational, group and individual levels. For example, the Beyond Bullying Association (McCarthy et al. 1998) have published a number of industry case studies covering female dominated helping professions, community and pastoral care, electronic emailing and tertiary education and office administration. Other studies have extended understanding of workplace bullying to include the helping professions, such as social work (Rylance 2001), building and construction (Barker, Skas & Dwyer 1999), and flight attendants and passenger abuse (Williams 2000).

At a broader theoretical level, there is a modicum of agreement. Mayhew and Chappell (2001, 2003) argue that workplace violence and bullying should be seen in the context of broader forms of internal (violence and bullying committed by individuals employed or formally employed in an organisation) and external (violence and bullying committed by persons not employed by an organisation) types of occupational violence affecting the well-being of employees at work. Bowie (2002) suggests that bullying is a set of dysfunctional workplace behaviours ranging from those that adversely impact emotional well-being and stability to physical violence causing injury and harm. He also states that there is often a fine line between occupational violence and workplace bullying in terms of psychological effects such as tension and stress to heart disease and nervous disorders that have clear medical and physical symptoms.

It has been suggested that workplace bullying may be a natural expression of anger or frustration that draws on primitive origins (Anderson & Bushman 2002) and occurs within organisations as either displays of personal power.
or defense mechanisms. Alternatively, it (bullying) is claimed to occur in response to unitarist or authoritarian managerial control, work intensification, cost minimisation, and poor management skills and this is a particular problem in cases of promotion of persons without relevant people handling/supervisory skills moving into managerial positions (Ishmael 1999). Bullying may also arise from interpersonal conflict, life ethics and power relationships between individuals, between groups or within groups (Diamond & Adams 1999).

Research also suggests that bullying may be common behaviours in everyday life, and, therefore, more likely to be condoned at the workplace (Einarsen 1999). The frequency, intensity and duration (as opposed to one off incidents or behaviours) are also relevant factors (Einarsen 1999). It is also suggested that impact and intensity of occupational violence and workplace bullying behaviours is a gradually evolving process, and hence, is more often difficult to detect especially if there is a climate that militates against reporting such behaviour (Einarsen 1999, 2000). The use of bullying as a strategy to exercise power and control, is suggested in a survey by Hoel and Cooper (2000), where 75 per cent of respondents reported having been harassed and bullied at work by supervisors and middle managers who resorted to bullying as a means of maintaining control and increasing the intensity of work. Similarly, a survey in 2000 into workplace harassment conducted by the Australian Council of Trade Unions (ACTU) found that 70 per cent of respondents reported that either a manager or supervisor instigated workplace harassment and bullying (Australian Council of Trade Unions 2000).

Some studies have found that young people, especially those under the age of 24 years, are more at risk of workplace harassment than older employees (Hoel & Cooper 2000). Einarsen (2000) has suggested that young people are more likely to be both aggressors and targets of bullying. In contrast, Leymann (1996) found that age was of little significance. It may be, as Einarsen (2000) observes, a life cycle issue, that while younger employees may be targeted more, they are less likely to perceive the behaviour as workplace harassment (as they may be more eager to please in their early careers), whereas older employees are more likely to report such behaviours as they may have expectations of being treated with respect and dignity that comes with age. In relation to gender, Einarsen (2000) goes on to suggest that males are more likely to instigate bullying type behaviours, though the research is not unequivocal here due to differences in occupations, work culture and industry characteristics (Leymann 1996).

It has also been suggested by research findings that workplaces undergoing rapid structural change are more likely to generate greater dysfunctional behaviours (Lee 1999, Bone 2002). For instance, high turnover, absenteeism, declining productivity, low morale, interpersonal conflict, stress, alcoholism, drug abuse, as well as workplace violence and bullying are cited as some of the outcomes of rapid structural change (Lee 1999). Furthermore, it is suggested that work environments that foster competition, job insecurity, work intensification, casualisation, stress and job dissatisfaction have a greater propensity for occupational violence and workplace bullying (Einarsen 2000, Hoel & Cooper 2001, Australian Centre for Industrial Relations Research and Training 2002). Occupational violence and bullying is a significant organisational wellness issue (Mayhew & Chappell 2001). For example, McCarthy, Sheehan and Kearns (1995) found that 60 per cent of respondents had experienced workplace harassment behaviours in organisations undergoing restructuring. Issues here included unreasonable workloads, poorly developed or dysfunctional organisational culture, ineffectual managerial practices, marginalisation, alienation and results oriented individualist managerial styles.

REGULATION, PENALTIES AND COSTS OF BREACHES

In 2001, the Queensland Government established a Workplace Bullying Taskforce to comprehensively examine bullying and to provide recommendations to Government (Queensland Bullying Taskforce, 2002). The Report of the Task Force (2002) found that the extent of workplace bullying may be far greater than previously thought. The Report (2002: 18) suggested that between “400,000 and 2 million Australian workers will have experienced some form of workplace harassment and intimidating behaviours in their workplace.” It went on to suggest that workplace violence and bullying may cost the Australian community between AUD$6 billion and AUD$13 billion dollars in lost productivity, absenteeism and litigation per annum. In order to remedy this situation, the Report (2002) recommends that the Workplace Health and Safety Act 1995 (Queensland) be amended to specifically impose obligations on employers to manage the risk of workplace stress following the New Zealand model. In 2002, the New Zealand Government amended the Health and Safety in Employment Act (2000) extending the definition of the term ‘harm’ to include “physical and mental harm caused by work related stress” (Part Two of the Act) with offences “likely to cause serious harm” attracting fines of up to $500,000 and/or up to two years imprisonment (Section 49 of the Act).

Workplace violence and bullying is increasingly being reported as an OHS issue. For example, complaints to the Queensland Division of Workplace Health and Safety have risen over the past four years from 140 complaints lodged in 1998-1999, to 160 complaints lodged in 2000-2001. Between the periods July 1999-December 2000, Queensland WorkCover (a body administering workers compensation claims) compensated 88 employees who suffered injuries as a result from workplace violence and harassment (Queensland WorkCover, 2002). Of these complaints, 43 per cent of worker’s compensation claims originated from health and community services. Common law courts also are increasingly being called upon to arbitrate compensation claims and in some celebrated cases finding employers vicariously liable for stress and personal injury arising from workplace bullying (Australian Equal Opportunity Commission 1999, Law Reform Commission 2001, New Zealand Court of Appeal 2002).

Many Australian state OHS jurisdictions have issued guidelines on workplace violence and bullying. Notable documents are found as Victoria Worksafe (2003), Western Australia Worksafe Commission (2003), and the
Queensland Division of Workplace Health and Safety (2004) that aim to set out the steps to manage the risk of workplace bullying and harassment. Government legislation also sets penalties for breaches of OHS obligations (see for example, Section 24 of the Workplace Health and Safety Act 1995 - Queensland) that range from tens of thousands of dollars to potentially six months jail! However, it is at common law that damages can be awarded in the hundreds of thousands of dollars depending upon the extent of the psychological and or physical injuries.

ARE HUMAN SERVICES A SPECIAL CASE?

Human services and high person contact occupations are often cited as representing high-risk industries due to the close proximity of person-to-person contacts (Jones & May 1992). According to the ILO, there is a growing body of national and international governmental research pointing to an association between workplace violence, bullying and occupational stress in human service industries (ILO 2002a, 2002b). At a national level, the Australian National Occupational Health and Safety Commission (NOHSC) has identified occupational violence and bullying in the health sector and human services sectors as a significant area of concern. At state levels, there is also activity. According to WorkCover Victoria, workplace harassment and bullying claims are most common in health and community services, education, and public administration (Victorian WorkCover Authority 2001). Also, the Queensland Bullying Task Force (2002: 16) reports the health industry accounted for 43 per cent of all workers compensation claims relating to workplace harassment and bullying in 2001-2002. Moreover, a study by Rylance (2001) of social workers found that 12.1 per cent of respondents had experienced frequent workplace harassment from clients and 24.4 per cent of respondents who indicated that they were bullied by managers or co-workers. Finally, Williams (2000) in a survey of flight attendants reported finding that over 50 per cent of flight attendants had to deal with angry passengers ‘sometimes’ and 28 per cent dealt with them ‘frequently’.

Overseas surveys suggest similar experiences. For example, a recent unpublished report on workplace stress by the U.S. National Institute for Occupational Safety and Health (2004) found that 24.5 per cent of companies surveyed reported that some degree of bullying had occurred during the preceding 12 months and that 39.2 per cent involved an employee as the aggressor, 24.5 per cent involved customers or clients and 14.7 per cent involved a manager or supervisor. Recently, a report on ‘Violence, Bullying and Harassment in the Workplace’ by the European Foundation for the Improvement of Living and Working Conditions (2004) detailed the findings of a survey of European Union member countries suggesting that 11.0 per cent of employees employed in health and education industries had experienced some form of occupational violence and bullying over the past 12 months. The Report (2004) found that 1.5 per cent of employees had experienced some forms of workplace violence and bullying from fellow work colleagues with 4.1 per cent experiencing these behaviours from people outside of the workplace. Although these are small percentages, they take on considerable significance considering the tens of thousands of employees employed in these industries throughout European Union member states. Whilst studies on bullying in Asian workplaces remain rare, there is increasing awareness of the impact of bullying as a social issue (such as school bullying) and workplace violence directed towards women and young people (ILO 2002a).

In relation to nursing, some researchers suggest that occupational violence and bullying emergence as an accepted cultural component of a disciplined managerial style in hierarchical occupations (Duffy 1995). Others see the issue as more likely rising to the surface during periods of major tension, cost cutting and restructuring (Quine 1999) leading to higher levels of absenteeism and sickness (Kivimaki, Elavanio & Vahtera 2000) adversely impacting on nursing recruitment and retention (Jackson, Claire & Mannix 2002). Bullying has also become an industrial issue, with a number of Australian unions incorporating workplace violence and bullying as part of union workplace health and safety activities (see Queensland Nurses Union of Employees’ 2002). Internationally, nursing organisations are also increasingly directing their attention to the problem of occupational violence and workplace bullying. At a recent meeting of the International Council of Nurses (Asia Workforce Forum) discussion included violence, bullying, harassment and verbal abuse (International Council of Nurses 2003).

THE REGULATION OF AGED CARE IN AUSTRALIA

In Australia, the aged care is one of the most highly regulated workplaces with the Commonwealth setting accreditation standards and outcomes, registration fees, nursing home fees, governance and funding (Australian Productivity Commission 1999). Since the early 1950s, aged care was neatly divided between nursing homes providing high care and hostels providing low care. However, by the mid 1980s government policy encouraged the growth of mixed care facilities (Timo 1989). The industry is large. As of 1998 there were 1,466 nursing homes in Australia of which 211 were located in Queensland. Overall, the industry nationally employs some 98,000 with 48,700 employees employed (and 4,675 beds) in the for-profit, and 50,200 employees employed (and 5,778 beds) in the not-for-profit sector (Australian Productivity Commission 1999). Numerically, the largest group of providers in Queensland (or 75 per cent) are located in the 60 or less beds category, with the larger not-for-profit whilst numerically smaller, are the largest service providers (Australian Productivity Commission 1999). In 2001, there were 11,294 persons employed in the Queensland aged care industry (or 17 per cent of the national aged care employment) with the majority, or 80 per cent employed in nursing or care related occupations (Australian Bureau of Statistics 2001). Work in the industry is a complex mix of professions, medical, nursing and allied health and other occupational groups as well as a cadre of care related occupations delivering the majority of hands on work including cleaning and domestic services. The workforce is, predominantly female, mature aged (40-60 years of age), part-time, casual, and labour shortages are acute, especially amongst registered nurses (Australian Institute of
Since the early 1990s, health care policy has become increasingly market driven with increased deregulation and greater emphasis on supply side health economics. In 1996, the Howard government changed the aged care funding regime whereby funding was provided to each aged care facility as a single grant of money with each facility required to meet a series of quality outcomes under the Aged Care Act 1997 (Commonwealth) in order to maintain accreditation. Quality standards are monitored by the Aged Care Standards Agency through a system of accreditation incorporating residential care standards, building and care standards and management systems, as well as staffing and organisational standards.

**OCCUPATIONAL VIOLENCE AND WORKPLACE BULLYING**

Bowie (2002) sets out a four-category typology of occupational violence. Type 1-Intrusive behaviour generally associated with strangers; Type 2-consumer-related violence involving aggressive acts by consumers/clients against staff or providers; Type 3-relationship violence associated with worker on worker, or worker-management, or management-worker type violence; and Type 4-organisational behaviour-related behaviours associated with dysfunctional organisations, with corrosive management or leadership styles, and organisational cultures that condone violence forms of behaviour (Bowie 2002). The Worksafe Victoria Guidance Note ‘Prevention of Bullying and Violence at Work’ (2003) sets out a definition of bullying as encompassing a range of behaviours. The four main types of behaviour are delineated in Table 1. In this paper, the focus is on Type 3 (worker on worker, or worker - management, or management - worker type violence), and Type 4 behaviours (dysfunctional organisations) and the implications for management, HRM policies and practices. The Victorian Guide suggests that bullying behaviours by definition, involve actions that are deliberate, purposeful, unreasonable and repeated, involving the types of specific behaviours such as those described in Table 1, and that single incidents, unless they are of a physical violent nature do not generally constitute workplace bullying.

<table>
<thead>
<tr>
<th>Definitions of Bullying ‘Type’ Behaviours</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>unreasonable behaviour</strong> means behaviour that a reasonable person, having regard to all the circumstances, would expect to victimise, humiliate, undermine and threaten. In this context, a ‘reasonable person, having regard to all circumstances’ means a hypothetical reasonable person who has observed the situation. ‘Having regard to all the circumstances’ does not mean that this hypothetical person has total knowledge of every aspect of the situation, rather this person knows as much as the alleged bully could reasonably be expected to know;</td>
</tr>
<tr>
<td><strong>repeated</strong> refers to the persistent nature of the behaviour, not the specific form the behaviours takes. Behaviour is considered ‘repeated’ if an established pattern can be identified. It may involve a series of diverse incidents; for example, verbal abuse, deliberate damage to personal property and unreasonable threats of dismissal;</td>
</tr>
<tr>
<td><strong>behaviour</strong> includes actions of individuals or a group, and may involve using a system of work as a means of victimising, humiliating, undermining or threatening; and</td>
</tr>
<tr>
<td><strong>risk to health and safety</strong> includes risk to the mental or physical health of the employee.</td>
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</tbody>
</table>

(Adapted from Worksafe Victoria, 2003).

According to the Queensland Bullying Taskforce (2002) bullying can be approached according to whether they are ‘overt’, ‘covert’ and ‘hostile’ behaviours. Examples of overt workplace harassment include loud and abusive language, yelling and screaming, unexplained rages, unjustified criticisms and insults, constant humiliation, and unjustified threats of dismissal or other disciplinary procedures. Covert workplace harassment includes acts such as sabotaging an employee’s work by withholding information which is required to fulfil tasks, hiding documents or equipment, constantly changing targets or work guidelines, not providing appropriate resources and training, and isolating or ignoring an employee on a consistent basis. Hostile behaviours include deliberately overloading an employee with work and impossible deadlines, exclusion, or harming an employee’s employment or career prospects.

Despite the wide range of studies on workplace violence and bullying in the service sector, aged care remains an under-researched area. Negative media attention in recent years focused on the abuse of residents, the tighter regulatory environment and licensing conditions, cost pressures and increasing government regulation has made aged care a very difficult sector to research. The research reported in this paper is, but one of a few studies of the sector assessments that have been conducted in Australia.

**METHODOLOGY**

**Site and Participants**

This study presents preliminary findings drawing on a study of Type 3 and Type 4 behaviours of staff employed in selected aged care facilities in Queensland, Australia. The survey was undertaken during May-June 2003. The research was conducted using a representative sample of nursing homes and hostels drawn from the membership list of Miles Witt Partnership (a Brisbane based aged care consultancy, approached by the researchers prior to
conducting the research) whose membership list categorises aged care facilities according to employment size, geographical location, high care and low care, for profit and not for profit status. Table 2 shows relevant details of these facilities and the number of questionnaires that were sent out to each site.

<table>
<thead>
<tr>
<th>No. of Facilities</th>
<th>Description</th>
<th>Geographic Location</th>
<th>Employment Size</th>
<th>Number of Surveys Posted</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>N</td>
<td>M</td>
<td>&gt;100 or less</td>
<td>50</td>
</tr>
<tr>
<td>3</td>
<td>N</td>
<td>R</td>
<td>&lt;100 or more</td>
<td>100</td>
</tr>
<tr>
<td>1</td>
<td>P</td>
<td>M</td>
<td>100 or more</td>
<td>50</td>
</tr>
<tr>
<td>1</td>
<td>P</td>
<td>R</td>
<td>100 or more</td>
<td>50</td>
</tr>
<tr>
<td>3</td>
<td>P</td>
<td>M</td>
<td>100 or less</td>
<td>50</td>
</tr>
</tbody>
</table>

n = 11
n = 300

Note: M = Metropolitan/city; R = Regional/provincial; N = Not for profit; P = Proprietary

The study employed a convenience sampling approach. This is an acceptable method of sampling when time and resource constraints make more stringent methods, such as random or stratified sampling methods, more difficult to use (Cooper & Schindler 2001). For legal reasons, the survey was limited to aged care employees. Resident rights are protected by stringent privacy provisions under the Aged Care Act 1996 (Commonwealth). Study participants were drawn from employees of these aged care facilities. Consent had been gained from the management at each participating facility and an employee was nominated (who had been contacted prior to the survey being administered and who agreed to act as contact) to place the questionnaire in the staff room.

Instrument

The survey instrument was divided into three parts (A, B and C). Part A comprised three demographic questions, Part B comprised 11 questions on employment and work characteristics, and Part C contained 20 Likert style questions that sought responses on employee experiences of unwanted actions and behaviours at work. The survey also sought employee views on the adequacy of managerial control strategies for bullying. The instrument used questions that sought to identify certain types of behaviours and these were drawn from a bank of suggested questions developed by the Victorian Worksafe Guide (2003) and the Queensland Bullying Task Force Report (2002).

It was considered appropriate to use the suggested questions from the Guide and Report as they were developed in conjunction with and reflected lengthy industry and union consultation and consensus on the types of bullying behaviour in the workplace. It also adopted the parlance used by industry safety authorities and tribunals. In turn, safety guides are used to assist employers to comply with their statutory duty of care OHS obligations. The instrument sought to classify different ‘types’ of bullying behaviours according to four categories: Group A: Emotional, Group B: Work characteristics, Group C: Physical, and Group D: Other. Table 3 shows the nature of the statements.

Analysis

The data was analysed using SPSS Word for Windows using various measures of significance such as frequency and t-tests. Initial analysis suggested two natural and distinct groupings of respondents. Group 1 (G1) comprised those employees who reported three or more incidents of bullying on at least one of the variables listed in Table 3, relating to the level and frequency of bullying behaviour inflicted on the individual. There were 51 respondents who fitted this category. Group 2 (G2) described those employees who claimed they had not been bullied and there were 47 such respondents. The data analysis proceeded to use these two groups as the basis of the analysis. However, due to the relative small number of responses in some cases meant analysis of some of the variables (see statements in Table 3) could not be tested for statistical relevance.

<table>
<thead>
<tr>
<th>Statements</th>
</tr>
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<tbody>
<tr>
<td>1. Being humiliated in connection with your work on your own or in front of other people?</td>
</tr>
<tr>
<td>2. Having your work roster deliberately changed to inconvenience you?</td>
</tr>
<tr>
<td>3. Having insulting or offensive remarks made about you?</td>
</tr>
<tr>
<td>4. Being repeatedly reminded of any errors or mistakes you might have made?</td>
</tr>
<tr>
<td>5. Persistent criticism of your work?</td>
</tr>
<tr>
<td>6. Being yelled or shouted or sworn at?</td>
</tr>
<tr>
<td>7. Being ridiculed in front of others?</td>
</tr>
<tr>
<td>8. Having your work excessively monitored or supervised.</td>
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</table>
RESULTS

The survey consisted of 300 questionnaires with a response rate of 33 per cent (n=98). The majority were from proprietary (57.1 per cent) and mostly metropolitan (62.2 per cent) aged care facilities. A total of 48.0 per cent of the facilities were described as providing a mix of high and low care, with 36.7 per cent providing mostly high care. The responses suggest a mature, as opposed to a young workforce with employees between 31 and 60 years of age representing 77.6 per cent of employees. Female employees accounted for 92.9 per cent of respondents (n=91). Although male employees were in the minority, they were also likely to be younger (71.4 per cent aged between 20-30 years of age), suggesting that whilst this industry remains predominantly female, over recent years, young males have started to work in this industry. The majority of respondents (52.0 per cent) were employed in ancillary nursing occupations such as assistant nurses, therapists and personal care workers (i.e., there were few registered nurses in the sample), reflecting the greater use of less expensive ‘hands on’ care staff by employers. The majority of respondents or 64.3 per cent, were employed part time. The survey also found a significant positive correlation between the length of time working within the aged care industry and the length of time with their current employers (r (n=98) = 0.67, p < 0.001), suggesting that the longer employees have worked in aged care, the more likely they will stay with their employer. This finding appears consistent with broader industry trends (AIHW 1999).

The experience of bullying between groups G1 and G2 was not found to be significantly related to demographic differences. However, ancillary nursing staff (the largest sample of respondents), were more likely to report incidents of bullying. The analysis of bullying behaviour, according to behaviours set out in the instrument in Groups A, B, C, and D, suggested that the G1 group (or bullied group) recorded a significant higher level of bullying for Group A - Emotional behaviours (t(58) = 6.78, p<0.05) followed by Group B - Work characteristics (t(58.2) = 8.89, p<0.05). Of less significance was Group C - Physical (t(59.15) = 1.54, p>0.05) and Group - Other (t(29) = 4.85, p<0.05). Using the responses from the G1 group, an analysis was conducted of the most frequent behaviours and these were then ranked (with 1st being most worrying) as shown in the Table 4. Only those responses at the p<0.05 level of significance were included in the ranking. These reported behaviours mostly emanated from fellow employees and affecting employees predominantly on day shift (48 per cent, n=47). This group also indicated that these behaviours had been occurring for between five months and up to two years (62.7 per cent, n=45) with a majority (72.5 per cent, n=45) stating that bullying was still occurring at the time of the survey.

The survey also sought correlations between employee experience and management activity relating to the adequacy of existing HRM practices and policies. In relation to employee inductions, just under half or 40.8 per cent of respondents indicated that information on workplace bullying was included in work place inductions and orientation. A majority of respondents (80.9 per cent, n=76) were aware that their employer had policies dealing with workplace bullying. However, only 43.9 per cent (n=43) indicated that they had attended training on workplace bullying. An appreciation of the importance of adequate and effective HRM policies and practices is demonstrated by the G1 responses. For example, G1 respondents were more likely to report that bullying was an accepted part of workplace culture when linked to weak managerial practice (t (22.902) = 2.641, p<0.05). This group was also more likely to report not having had grievance procedure training and information on workplace violence and bullying included in workplace inductions (t(79.059) = 3.80, p<0.05). In addition, this group was more critical of a lack of effective people skills by managers in dealing with workplace bullying (t (51) = 2.312, p<0.05). Failure by management to ‘follow-through’ with complaints was a strong reason for not lodging a complaint (t (18.51) = 3.637, p<0.05). In cases where employees were aware of grievance procedures, they are more likely to respond favourably to management follow-through (t(25.32) = 2.28, p<0.05).

Table 4
Top 4 Bullying Behaviours - G1 Bullied Group

<table>
<thead>
<tr>
<th>Significance of Reported Behaviours</th>
<th>Bullying Behaviours</th>
<th>Responses (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st</td>
<td>Asked to perform unmanageable workloads regularly</td>
<td>23.1</td>
</tr>
<tr>
<td>2nd</td>
<td>Having insulting or offensive remarks made about you</td>
<td>12.8</td>
</tr>
<tr>
<td>3rd</td>
<td>Humiliated with work on your own or in front of other people</td>
<td>20.5</td>
</tr>
<tr>
<td></td>
<td>Having your work excessively monitored or supervised</td>
<td>13.8</td>
</tr>
<tr>
<td></td>
<td>Persistent criticism of your work</td>
<td>13.6</td>
</tr>
<tr>
<td></td>
<td>Being given tasks not normally within your job role</td>
<td>17.6</td>
</tr>
</tbody>
</table>

The survey also sought correlations between employee experience and management activity relating to the adequacy of existing HRM practices and policies. In relation to employee inductions, just under half or 40.8 per cent of respondents indicated that information on workplace bullying was included in work place inductions and orientation. A majority of respondents (80.9 per cent, n=76) were aware that their employer had policies dealing with workplace bullying. However, only 43.9 per cent (n=43) indicated that they had attended training on workplace bullying. An appreciation of the importance of adequate and effective HRM policies and practices is demonstrated by the G1 responses. For example, G1 respondents were more likely to report that bullying was an accepted part of workplace culture when linked to weak managerial practice (t (22.902) = 2.641, p<0.05). This group was also more likely to report not having had grievance procedure training and information on workplace violence and bullying included in workplace inductions (t(79.059) = 3.80, p<0.05). In addition, this group was more critical of a lack of effective people skills by managers in dealing with workplace bullying (t (51) = 2.312, p<0.05). Failure by management to ‘follow-through’ with complaints was a strong reason for not lodging a complaint (t (18.51) = 3.637, p<0.05). In cases where employees were aware of grievance procedures, they are more likely to respond favourably to management follow-through (t(25.32) = 2.28, p<0.05).
DISCUSSION

Academic and HRM research on workplace violence and bullying has attracted increasing attention from researchers (Farrell 1997, 1999, Kieseker & Marchant 1999, Rayner et al. 1999, Farrell & Bobrowski 2003). Workplace bullying can be seen as involving a continuum or types of behaviours and this study focused on Type 3 and Type 4 behaviours. Occupational violence and bullying is a significant organisational wellness issue (Mayhew & Chappell 2001). Internationally, human services such as health and nursing are considered high-risk industries (Jones & May 1992, Duffy 1995, Quine 1999, Kivimaki et al. 2000, ILO 2002a, 2002b). The results of this study show the Australian aged care industry is not immune from these types of behaviours. The findings suggest that the impact of workplace bullying behaviour can be categorised according to two groups, G1 for those that have been bullied (with three or more incidents), and G2 for those that have not, or may have experienced some bullying, but not sufficient to be included in the G1 group. This study grouped bullying behaviours according to particular characteristics and behaviours under headings such as emotional, work characteristics, physical and 'other', with the latter two being found to be less significant. The analysis suggests that in relation to the G1 group employees, bullying remains an ongoing concern. In order of importance, the following behaviours were identified: unmanageable work loads, having insulting or offensive remarks made about them, and humiliation from excessive monitoring or supervision when required to perform tasks not normally associated with their job role.

This research was conducted against a background of on-going and rapid industry restructuring over the past decade. It is recognised that workplaces undergoing rapid structural change are more likely to generate work environments that have a greater propensity for occupational violence and workplace bullying (Lee 1999, Einarsen 2000, Hoel & Cooper 2000, Bone 2002). Support for this viewpoint is provided by Einarsen and Matthiasen (2002) who contend there is a strong correlation between workplace bullying and ineffective leadership and inadequate work control. This is reinforced by the research, reported in this paper. Specifically, the analysis of G1 responses showed a strong link between inadequate induction and training practices and weak grievance procedures and employee perception and dissatisfaction with the way in which management goes about dealing with grievances and complaints.

The emphasis by G1 respondents on weak managerial communication skills and a failure to ‘follow up’ complaints contributes to bullying being seen as an accepted part of workplace culture, especially where such behaviours are seen as going unchallenged. As suggested by Ishmael (1999), this has a corrosive effect by perpetuating and reinforcing dysfunctional relationships between individuals, occupational groups and management. Employers that are active in communicating company bullying/grievance policies are seen as less likely to have employees reporting bullying experiences (Sweeney Report 2003).

A Workplace Bullying Prevention Strategy

According to Arnetz and Arnetz (2000), academic research in workplace violence and bullying must be capable of practical application. Compliance approaches to workplace regulation that emphasises organisational-wide risk management strategies are seen as better at coping with incidents of workplace bullying (Mayhew & Chappell 2003). Adopting a risk control/prevention strategy is now a feature of Australian OHS law that incorporates the following five steps: (i) identify the risks, (ii) assess the risks, (iii) develop controls, (iv) implement these controls, and (v) monitor and review. This sequence would commence by implementing a ‘zero tolerance’ workplace violence and bullying policy supported by senior management through out the organisation and articulated through ongoing and regular training and induction in a supportive organisational climate. Simply having a policy is insufficient. Reasonable steps must be taken to implement the policy and ensure that existing and new staff are aware of their obligations (NSW Administrative Tribunal 2004). Prevention strategies should also include identification of risks and this may include employee consultation, implementation of incident recording system, reviewing previous incidents/reports, and creation of a data base of incidents. Developing a checklist of potential risks (emotional and organisational/work tasks related), and regular auditing can assist with this process. Training is an important control and could include topics such as identifying sources, provide examples of unacceptable behaviours and impact of violence and bullying on employees, and identifying the appropriate ways for managers to deal with staff, as well as how staff should deal with colleagues and with residents and clients.

It is important to ensure that victim support and managing the performance of perpetrators are important facets of such a policy. This may involve the appointment of a contact person in the workplace and/or use of external consultants to provide follow up counseling and emotional assistance, including counseling and mediation for both victim and perpetrator. In the case of the perpetrator, counseling may be followed by a disciplinary procedure that if un-heeded, may involve the ultimate penalty of termination. However, merely applying a disciplinary approach is insufficient, especially as it can lead to a claim of unlawful termination. A key plank in management's action/response plan is to effectively performance manage the problem ensuring that proper HRM procedures and guidelines are applied (Australian Industrial Relations Commission 2004). Finally, management should monitor and review the adequacy of controls on a regular basis and if necessary, conduct further risk assessment and implement further controls to prevent reoccurrence. This should involve consultation with all stakeholders such as employees (or their representatives), clients, users or customers.

At a public policy level, the study highlights the problem of using statutes to regulate workplace behaviours. This is enormously important for behaviours that may have a differential effect. That is, behaviours that adversely impact on some employees, but not others. The study is limited by sample size, selection of facilities and specific to care
occupations. In addition, the study is only a snapshot and further research may usefully adopt interview techniques to delve deeper into this area of research. Despite these limitations, the article sets out a bullying prevention strategy that when linked to wider organisational HRM and OHS strategies, may effectively prevent a bullying culture from taking hold at the workplace.

CONCLUSION

Academic and HRM research on workplace violence and bullying and harassment has attracted increasing attention from researchers. The material presented in this article draws on a selected sample of aged care employees in Queensland, Australia. The data analysis revealed two groups, a bullied and a non-bullied group. Furthermore, the analyses identified different types of bullying behaviours, which were delineated as unmanageable work loads, insulting or offensive remarks made about people, humiliation, excessive monitoring and being required to perform tasks not normally associated with their job role. These conditions were perceived as significant unwelcome behaviours. The analysis examined links with HRM policies and practices suggesting strong connections between inadequate induction and training practices coupled with weak grievance procedures. Overall, employees perceived dissatisfaction with the way their management dealt with grievances and complaints. Finally, ineffective leadership and inadequate work control was seen as contributing to a bullying work culture.

The article underlines the importance of clearly articulating HRM policies on bullying and following up with effective grievance handling procedures that enables employees to have confidence in the grievance process and outcomes. The implications of the study for management are that inaction and poorly articulated HRM policies and practices have a corrosive effect on employee well-being allowing a bullying work culture to be created or to persist. In addition, this is a compliance matter as failure to take effective managerial action can lead to statutory penalties under OHS legislation and compensation payments arising from common claims.

A major challenge for developed and developing societies of the Asia Pacific is how to deliver quality aged care accommodation and services. Greying societies, when coupled with special needs, such as dementia, has escalated the need for aged care homes, retirement villages and associated facilities. Within contemporary industrial society, health is a major voter issue, and one way to take pressure off the overloaded hospital system is to provide adequate aged care services. And in quality conscious environments there will be high expectations for international and local accreditation standards of care giving. It then follows appropriate HRM policies and practices that minimise violence and bullying in these workplaces will be closely scrutinised, not only by regulatory bodies and aged care operators, but by the wider community. Consequently, an inability to provide aged care facilities that feature an absence of bullying and violence, while optimising the well-being of all participants, has major crises potential for all those who have a pecuniary stake in such labour market issues.

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REFERENCES


Australian Centre for Industrial Relations Research and Training. (2002). Stop telling us to cope! NSW nurses explain why they are leaving the profession. Report to the NSW Nurses’ Association, prepared by Buchanan, J., & G. Considine, Sydney: ACIRRT, University of Sydney.


