

# Bullying and Harassment



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**WAVE**

[www.wave.org.nz](http://www.wave.org.nz)



# Psychosocial hazards

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- Stress causing
  - Job demands
  - Nature of relationships
  - Employee control over work processes
- 30-50% work related stress illness
- NZ Helpline 0800ZEROBULLY





# Bullying and harassment

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- Harassment unlawful on certain grounds
- Bullying not defined in legislation
- Other jurisdictions redefining harassment
- DOL currently working on issue



# Defining workplace bullying

Behavioural that is ...

- Unwanted
- Unwarranted/unreasonable
- Repeated
- Detrimental





# Defining workplace bullying

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- Involves perceptions
- Behavioural focus
- Clarifying behavioural boundaries
- Process of dialogue





# Within Health – 20 behaviours

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- Threats to professional status
- Threats to personal standing
- Isolation
- Overwork
- Destabilisation

Quine, 1999 NHS study





# Threats to professional status

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- Persistent attempts to belittle and undermine
- Repeated and unjustified criticism and monitoring
- Persistent attempts to humiliate in front of others
- Intimidatory use of discipline or competence procedures



Quine, 1999 NHS study



# Threats to personal standing

- Undermining personal integrity
- Destructive innuendo and sarcasm
- Verbal and non-verbal threats
- Inappropriate jokes
- Persistent teasing
- Physical violence
- Violence to property



Quine, 1999 NHS study





# Isolation

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- Withholding necessary information
- Freezing out, ignoring, excluding
- Unreasonable refusal of applications for leave, training or promotion

Quine, 1999 NHS study



# Overwork

- Undue pressure to produce work
- Setting of impossible deadlines

Quine, 1999 NHS study





# Destabilisation

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- Shifting the goals posts without warning
- Constantly undervaluing efforts
- Persistent attempts to demoralise
- Removal of areas of responsibility without consultation



Quine, 1999 NHS study





# What causes the phenomena?

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- Common in many hospital settings
- Accepted as part of the culture
- Result in high stress, high absenteeism, high staff turnover, poor morale, communication and productivity
- Regardless of the costs these behaviours are endured



# What causes the phenomena?

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- Personal reasons
- Cultural/environmental reasons



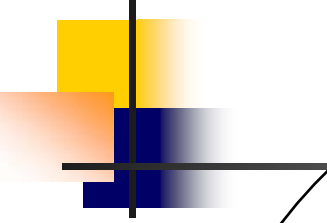


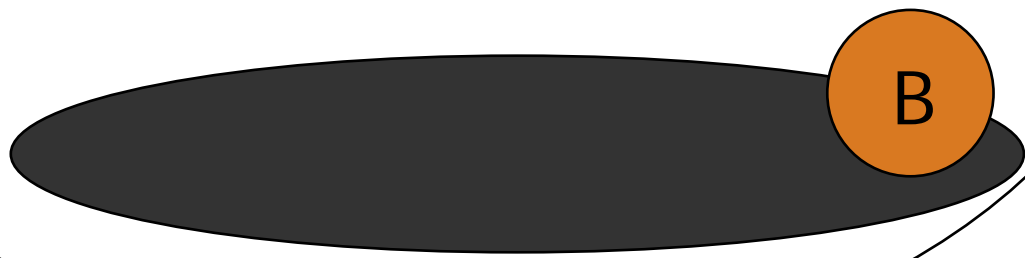
# Cultural/environmental reasons

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- What culture does bullying create?
- What enables bullying to thrive?
- What prevents it or stands against it?

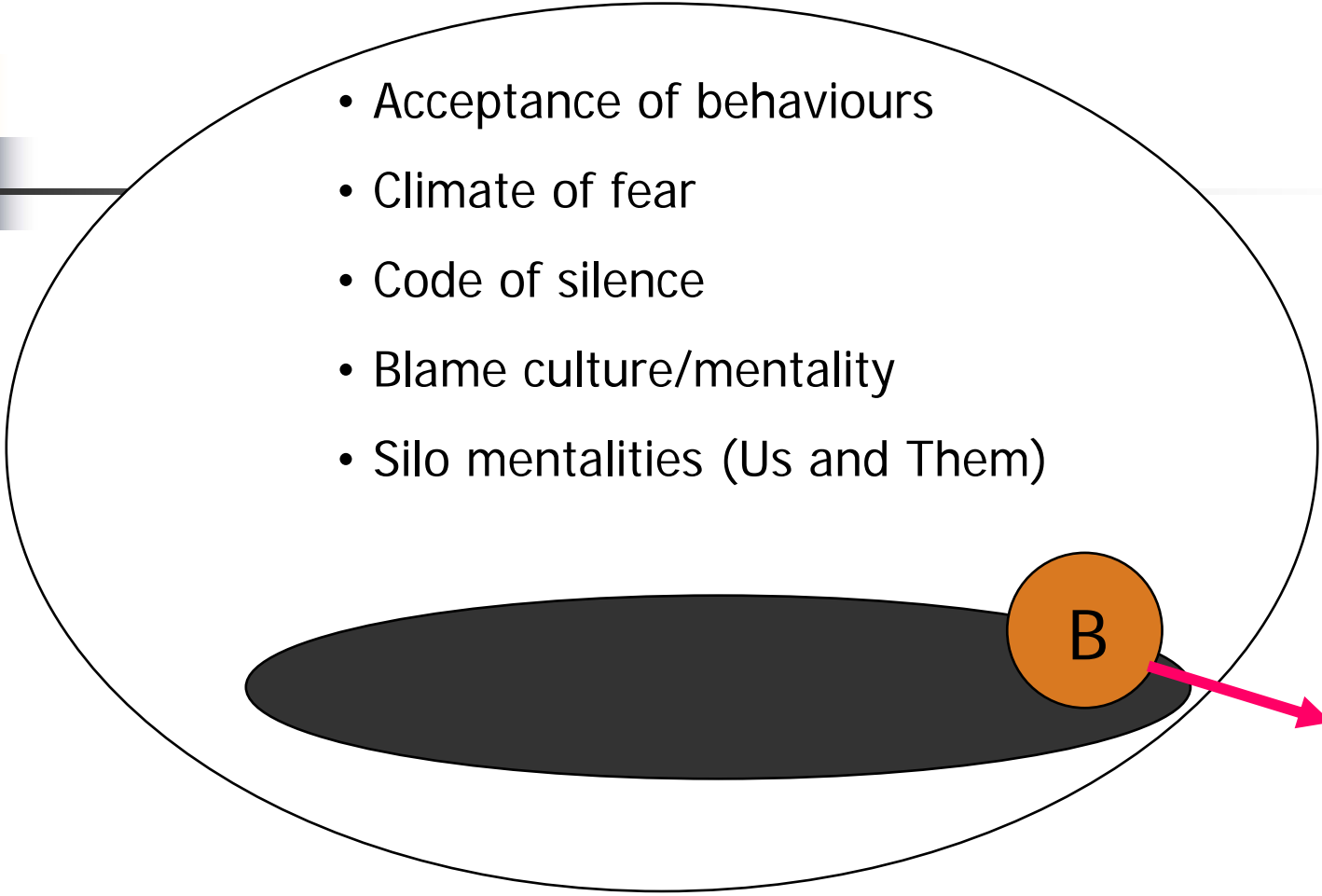
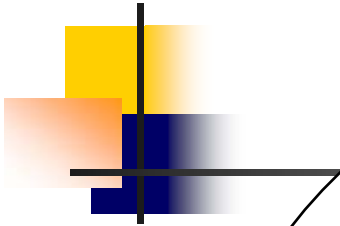


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- Acceptance of behaviours
  - Climate of fear
  - Code of silence
  - Blame culture/mentality
  - Silo mentalities (Us and Them)



Shadow of collusion

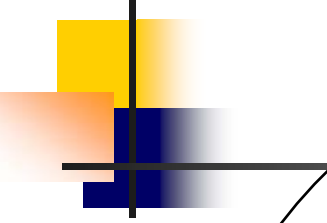


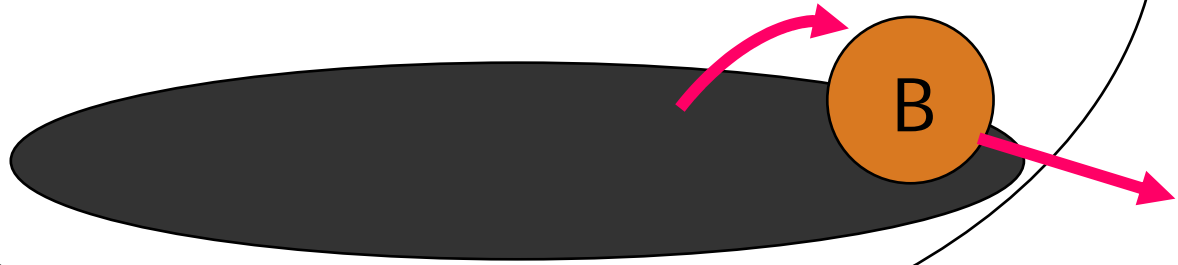


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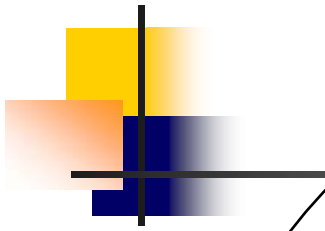
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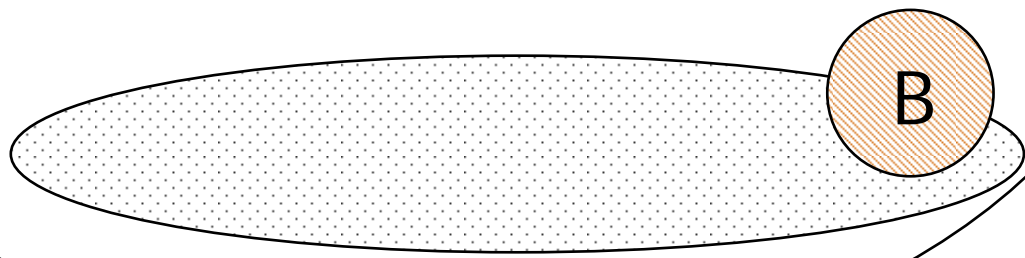


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Shadow of collusion



# Removing the shadow

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- Commitment to behaviour
- Climate of safety – fair complaints processes, non-victimisation, support
- Code of responsibility – reflected in leadership (duty of care)
- Improvement culture
- Team development – intra/inter





# Requires

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- Commitment from the top
- Participation and ownership
- Strategy



# Personal reasons – Why do people bully?

- Power and control
- Lack of care - empathy
- Lack of skills
- Socialisation of individuals





# Hockley, 2002 "Silent Hell"

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- "Nurses cease to care as they rise in management roles" (common perception)
- Male defined organisational structures
- Socialisation within context of nursing
- Wider issues of socialisation regarding power and oppression





## Issues for consideration ...

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- How is power used/abused within DHB structures/concepts of leadership?
- Is there a feminist alternative?
- What undermines the values of care in a caring profession?
- What is the impact?
- What stands in the way of change?

# Final thoughts

- Putting our heads in the sand doesn't make the issue disappear





# Final thoughts

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- Token gestures do more harm than good



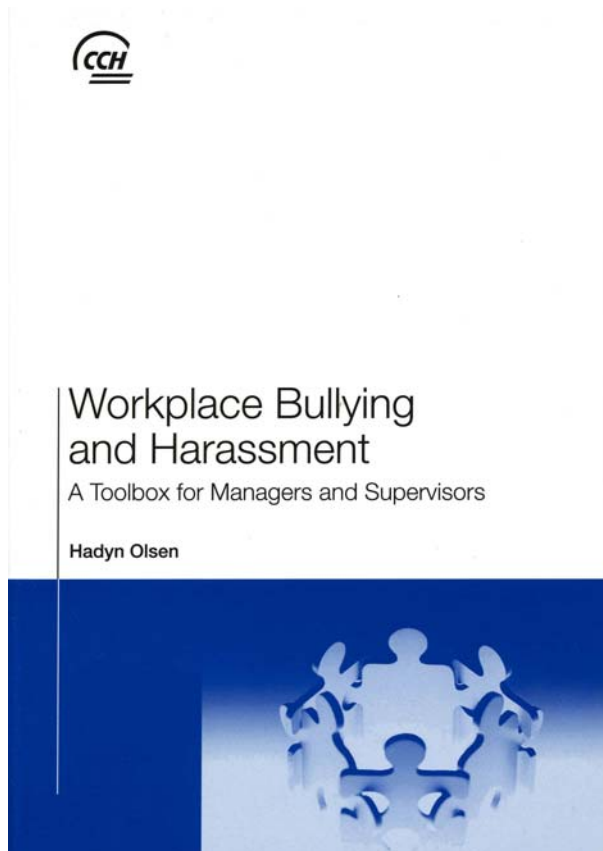
# Final thoughts

- When people work together anything is possible





# Any questions?



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