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Workplace bullying

What's it got to do with general practice?

Background

Workplace bullying is repeated systematic, interpersonal abusive behaviours that negatively affect the targeted individual and the organisation in which they work. It is generally the result of actual or perceived power imbalances between perpetrator and victim, and includes behaviours that intimidate, offend, degrade or humiliate a worker. It is illegal, and bullied employees can take legal action against their employers for a breach of implied duty of trust and confidence. Despite this, workplace bullying occurs in many Australian workplaces, including Australian general practices.

Objective

This article explores the issue of workplace bullying with particular reference to bullying within general practice and provides a framework for managing these situations.

Discussion

All general practices need organisation-wide anti-bullying policies that are endorsed by senior management, clearly define workplace bullying, and provide a safe procedure for reporting bullying behaviours. General practitioners should investigate whether workplace issues are a potential contributor to patients who present with depression and/or anxiety and assess the mental health of patients who do disclose that they are victims of workplace bullying. Importantly, the GP should reassure their patient that bullying is unacceptable and illegal, and that everyone has the right to a safe workplace free from violence, harassment and bullying. The time has come for all workplaces to acknowledge that workplace bullying is unacceptable and intolerable.

Keywords

bullying; workplace



Workplace bullying is ubiquitous and insidious in Australian workplaces and is estimated to cost the Australian economy between \$6 billion and \$36 billion annually through lost productivity, absenteeism, greater staff turnover, and higher rates of illness, accidents, disability and suicide.¹⁻³

In 2012, as part of a nationwide harmonisation process of workplace health and safety legislation, the Australian Government established a parliamentary inquiry into workplace bullying. The inquiry by the House of Representatives Standing Committee on Education and Employment received over 300 written submissions, mainly by individual workers who had personally experienced workplace bullying. The committee concluded that workplace bullying occurs far too frequently, and occurs in all industries and sectors, and across all age, gender and worker seniority profiles. A consistent message from the witnesses appearing before the inquiry was a lack of clarity about what they could do about the bullying they were subjected to, and where they could go for help. Consequently, among 23 wide ranging recommendations, the committee recommended that a national advisory service be established to provide advice, assistance and resolution services to employees and employers.¹ At the time of writing, this commendable recommendation has not been enacted.

What is workplace bullying?

Workplace bullying is psychological violence and is generally the result of actual or perceived power imbalances between perpetrator and victim.⁴ In the current absence of a national definition of workplace bullying, the parliamentary committee recommended the adoption of the following definition: 'workplace bullying is repeated, unreasonable behaviour directed towards a worker or group of workers, that creates a risk to health and safety'.¹ This definition encapsulates intentional and unintentional bullying, because it is the impact of the bullying that is the key issue, rendering the intentions of the perpetrator largely irrelevant.^{4,5} Workplace bullying differs from abuse or assault: a single occasion of abusive behaviour or assault is not bullying, but repeated occasions of either in the workplace are potentially workplace bullying.¹

Workplace bullying is not legitimate disciplinary action, workplace counselling or performance management between a manager and employee (or supervisor and trainee); the manager (or supervisor) should ensure that clear performance standards have been communicated, and should provide feedback in a professional and



constructive manner. Similarly, occasional differences of opinion, and one-off or isolated conflicts and problems in workplace relations are not workplace bullying, providing all parties conduct themselves in a respectful and professional manner.^{1,6}

Legal framework

Workplace bullying is covered by occupational health and safety legislation, anti-discrimination legislation, industrial legislation and awards, Australian Workplace Agreements and Common Law.¹ Although there is no specific legislation focusing on workplace bullying and harassment, it is illegal because of the broader responsibilities of employers for the safety, health and welfare of their employees.¹ Employees who are bullied can take legal action against their employer for a breach of an implied duty of trust and confidence.^{1,4}

Workplace bullying in the Australian medical workforce

Medicine is not immune from workplace bullying. A recent study examining bullying within a cross-section of the Australian medical workforce found that 1 in 4 doctors in the study had experienced persistent behaviours over the preceding 12 months that had undermined their professional confidence or self-esteem. There were no differences in the prevalence of bullying observed between gender, age groups, country of medical qualifications or employment sector. Although no conclusions could be made about causal pathways, there were strong associations between reported experiences of bullying and poorer mental health, higher rates of sick leave in the past 12 months, less job and career satisfaction, greater impact of job stressors and consideration being given to ceasing direct patient care.⁶

Workplace bullying in medicine can occur between colleagues, students, employees, other health professionals, and any contractors, patients and family members with whom doctors may be dealing.⁶ In addition to the costs of workplace bullying already discussed, costs of bullying within medical workplaces include reduced quality of patient care.⁴

Workplace bullying in general practice

Although Australian general practitioners experience a lower rate of bullying compared to non-GPs, the finding that 21% of GPs felt they had been bullied indicates that bullying in medical workplaces is not restricted to large hospitals or bureaucracies. The GPs in this study reported being bullied by colleagues, patients, nurses and organisations such as the government and specialist colleges.⁶

Bullying can occur in any general practice regardless of size: from a small general practice with a sole GP and one or two administrative staff to large general practices with a multitude of staff and facilities. Furthermore, all staff members employed in a general practice are potentially vulnerable to workplace bullying. Some examples of situations in which workplace bullying may occur in general practice can be found in *Table 1*.

As for all workplaces, workplace bullying is unacceptable in general practice and must not be tolerated. Although bullying occurs between

Table 1. Examples of workplace bullying in general practice

- Constant criticism and/or negativity by a senior GP toward more junior GPs or practice nurses
- The practice manager constantly rostering a receptionist on at the busiest times, or at weekends, despite requests to have a weekend off; or changing rosters for that staff member at the last minute
- Repeated hurtful remarks or attacks, or making fun of one staff member's work or him or her as a person (including their family, sexuality, gender identity, race or culture, education or economic background)
- Deliberate sabotage or withholding of critical information or resources that prevents a staff member from competently performing their role
- Ridicule or insinuations by patients and/or their family that the GP is incompetent, inexperienced or not fit to practise

the bully and their victim, this dyad is embedded within a workgroup, which in turn is embedded within an organisation. Therefore, it is important that a multilevel approach is implemented that not only addresses the immediate issues of the bullying, but also investigates and addresses the group and organisational antecedents and consequences of the bullying.⁷

The Australian Medical Association (AMA) released a position statement in 2009 that aimed to provide a guide for the identification and management of workplace bullying and harassment, raise awareness and reduce exposure of doctors to workplace bullying, and assist the medical profession to develop a culture that prevents the perpetuation of bullying.⁴ The position statement recommends that every person within the workplace understands what workplace bullying is, and takes a firm position against it. The establishment and promotion of organisation-wide anti-bullying policies is required, irrespective of the size or number of employees. These policies need to be publicly endorsed, monitored and regularly reviewed by senior management. The policies should clearly define workplace bullying and identify what constitutes bullying behaviours. A safe procedure for reporting bullying needs to be implemented that includes both informal and formal strategies for prompt resolution in a sensitive, rather than punitive, manner.⁴ This is especially important because the perpetrator may be unaware of the impact of their behaviour on the victim. For example, the perpetrator may consider their behaviour to be 'appropriate disciplinary action' or to be their 'style of teaching'. Simply becoming aware that the behaviour is negatively impacting on the victim's ability to function in a professional role in the workplace may be sufficient to result in a satisfactory resolution of the problem.⁶

The AMA also provides advice to doctors who believe they are being bullied, whether by a colleague, an administrator or a patient (*Table 2*).

The Royal Australian College of General Practitioners' *Standards for general practices* does not require that practices have an anti-bullying or harassment policy in the current accreditation guidelines.⁸ Consideration could be given to rectifying this situation to demonstrate



Table 2. AMA advice to doctors who believe they are being bullied⁴

- Document threats or actions taken by the bully
- Discuss concerns with a supervisor (or someone else if the supervisor is the bully)
- Consider a formal complaint under the employer’s bullying and harassment policy
- Seek advice on options and rights from a peer network, colleagues, the local AMA or the Australian Human Rights Commission

that Australian general practice recognises the seriousness of this issue, and is doing everything within its power to combat any perpetuation of workplace bullying within general practice.

Patient complaints of workplace bullying

While there is no evidence to support screening for workplace bullying, GPs should investigate whether workplace issues are potential contributors for patients who present with depression and/or anxiety. For patients who do disclose that they are victims of workplace bullying, GPs need to assess their mental health and initiate appropriate management. Importantly, the GP should reassure their patient that bullying is unacceptable and illegal, and that everyone has the right to a safe workplace free from violence, harassment and bullying. If the bullying involves violence, assault or stalking, the GP should advise the patient to notify the police, as these behaviours are criminal offences. If the bullied patient is less than 16 years of age, the bullying may constitute child abuse. In Australia, doctors (and various other personnel) are legally mandated to report suspected or confirmed child abuse to the appropriate authorities.⁹

The patient needs to become informed about their workplace anti-bullying policies and complaints procedures. It is advisable to keep a diary of the bullying behaviours and then enact the relevant complaints procedure. Self care behaviours should be encouraged to ensure that the patient’s mental and physical health does not suffer as a result of being bullied or the process of making a complaint about bullying, which can be stressful in itself.

The AMA’s recommendations (*Table 2*) apply to any victim of workplace bullying, and GPs could advise their patients to follow these recommendations as well. If the recommended national advisory service is established, GPs could direct patients who have experienced workplace bullying to this service for advice, assistance and access to dispute resolution services.

In some cases, GPs may need to provide evidence for WorkCover claims about the mental health of patients who are victims of workplace bullying. It is important to exercise caution before attributing causality between the bullying and mental health problems.

Some useful websites for both GPs and their patients who are experiencing bullying include:

- the Australian Human Rights Commission: http://humanrights.gov.au/bullying/factsheets/workplace_bullying.html

- ReachOut online youth mental health service: <http://au.reachout.com/About-workplace-bullying>
- Victorian Legal Aid: www.legalaid.vic.gov.au/428.htm.

Conclusion

Workplace bullying is always unacceptable. Some readers may recall senior medical and administrative staff humiliating junior staff through constant ridicule or reprimands in front of patients or other staff members, or know of colleagues who endorse the old adage that ‘whatever doesn’t break you makes you tougher’. However, these behaviours are illegal and damaging to the victim, the perpetrator and the organisation. The time has come for all workplaces, including our own, to acknowledge the harmful effects of bullying and to ensure that anti-bullying policies and procedures are developed, documented and enacted.

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