DISCUSSION PAPER on Workplace Aggressive Behaviour and Bullying

Prepared by
The Workplace Aggressive Behaviour and Bullying Working Party
PREFACE BY THE MINISTER

The State Government regards violence in the workplace as a very serious occupational health and safety issue.

There are many different expressions of workplace violence ranging from intimidation and verbal bullying to outright physical assault. Unfortunately it is a matter of fact that within hospital and health service environments, workplace violence in all its expressions is a day-to-day occupational hazard and a very complex one at that.

In November 1999, a comprehensive Workplace Violence Code of Practice was issued by WorkSafe Western Australia Commission (under section 57 of the Occupational Safety and Health Act 1984) to provide practical guidance for workplaces where people may be exposed to physical assault, verbal abuse, threats, intimidation, harassment and bullying.

More recently, in January 2003, WorkSafe Western Australia produced separate guidance notes for employers and employees to deal with workplace bullying.

Despite all the problems and evidence identified by hospitals and health services, we believe that workplace violence can be and must be managed. Evidence does suggest that the risks, prevalence and effects of workplace violence can be effectively managed and reduced in order to protect the occupational health and safety of staff.

The most insidious forms of workplace violence within the hospital and health care system are aggressive behaviour and bullying, which are primarily the focus of this document.

Workplace aggressive behaviour and bullying in health care settings is not exclusive to Western Australia – as this paper shows it is a problem for all workplaces and all health systems that it impacts upon. Not surprisingly, the flow-on effect of such behaviour can and does eventually reach the community through standards of service, staff satisfaction and so on.

It is a concern that has been legitimately raised with me and I believe we should work closely with all our colleagues to resolve this.

Consequently the direct input of individual employees, health services, health service unions and Government is imperative to ensure strategies and mechanisms for preventing and resolving this unacceptable behaviour can be achieved.
I would like to thank Ms Suzanne Rosier and members of the working party for their contribution and development of this discussion paper, which is just a first step in addressing workplace aggressive behaviour and bullying in the Department of Health sites in Western Australia.

I sincerely hope the contents of this paper will raise discussion and debate on issues identified and help develop strategies and outcomes for addressing this unacceptable behaviour.

The Department of Health regards this as an issue of utmost importance, and will take a key role in leading strategic development. By doing so, our health employers and employees will be able to achieve better health outcomes for patients.

The Department of Health will be developing a Workplace Aggressive Behaviour and Bullying Implementation Plan for 2003. Development of this will be based on proposed courses of action identified in this paper and the feedback the paper elicits from stakeholders.

I welcome your contribution to this debate.

Bob Kucera APM MLA
MINISTER FOR HEALTH

March 2003
Acknowledgements

The Workplace Aggressive Behaviour and Bullying Working Party

- **Ms Suzanne Rosier**, (Chair) Health Services Occupational Safety and Health Group
- **Mr Paul Aylward**, Western Australia Country Health Service
- **Ms Debbie Chiffings**, Women’s and Children’s Health Service
- **Mr Chris Farlie**, Kimberley Health Service
- **Ms Sue Flindell**, Workplace Policy and Standards Branch, Department of Health
- **Mr Donn John**, Emergency Department
- **Ms Fiona Margrie**, Office of the Chief Nursing Officer, Department of Health
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- **Mr Michael Redknap**, Mental Health
- **Ms Peta Townrow**, Human Resource Management
- **Ms Patricia Wells**, Community Nurse

Copies of the Discussion Paper can be downloaded from the Department of Health’s website: [www.health.wa.gov.au](http://www.health.wa.gov.au) or by contacting the Office of the Chief Nursing Officer on (08) 9222 4075.
Extensive research has identified workplace aggressive behaviour and bullying as a serious and complex issue that affects individuals, organisations, governments and the community. Strategies must and therefore be developed to prevent and manage workplace aggressive behaviour and bullying and reduce the number of incidents within the health system.

The extent of aggressive behaviour and bullying in the public health system has not yet been fully researched or widely published but anecdotal evidence clearly suggests it is significant.

This discussion paper has been written and produced by the working party to inform the debate within the health system on the options for development of strategies to prevent and manage workplace aggressive behaviour and bullying.

It signifies the first step in developing an overall strategic and systemic approach to address workplace aggressive behaviour and bullying within the health system and contains a number of possible courses of action to:

- assist in identifying options for the prevention of aggressive behaviour and bullying incidents in the workplace; and
- contribute to best practice through the development of appropriate and relevant policies, procedures and guidelines.

The Western Australian (WA) public health system is obliged under the Code of Practice -- Workplace Violence to plan and implement safe systems of work (WorkSafe Western Australian Commission, 1999). This discussion paper is designed to assist employers to plan strategies that focus on reducing the impact of workplace violence in the public health system.

As part of the consultative process, this discussion paper will be released for public comment.

**Proposed Courses of Action**

The proposed courses of action developed by the working party are grouped under three major headings:

- Policy;
- Awareness, Information and Education; and
- Prevention and Management.
Policy

Proposed Course of Action 1

An advisory committee on workplace aggressive behaviour and bullying is established and equipped with adequate resources (both human and financial) to fulfil its Terms of Reference, which may include (but not limited to):

- development of a comprehensive policy statement;
- development of resources to assist health services implement strategies to address workplace aggressive behaviour and bullying;
- assistance with the development of the prevention and management framework; and
- development of relationships with external agencies, including the Department of Public Prosecutions, Department of Education, Police Service and local councils, to provide protection for employees in the workplace.

The advisory committee may include representatives from health service management, health service unions (The Australian Nursing Federation, The Australian Medical Association, Community and Public Sector Union/Civil Service Association, Hospital Salaried Officers Associations and Liquor Hospitality and Miscellaneous Workers Union) and expert representatives from other agencies. The Minister for Health may elect to appoint an independent chairperson.

Awareness, Information and Education Strategies

Proposed Course of Action 2

A comprehensive staff and health service provider education and awareness program and package is developed, in consultation with the health services, employees, health service unions and community representatives, including (but not limited to):

- accessible information and resources for managers, employees and members of the public, including a mutual respect statement; and
- information on training and other resources focussed on prevention and management of workplace aggressive behaviour and bullying.

Proposed Course of Action 3

A community education and awareness program is developed for the general public about health services. The program informs the community on acceptable behaviours and the consequences of unacceptable behaviours, including a statement of “zero tolerance” of workplace aggressive behaviour and bullying.
Proposed Course of Action 4

Workplace aggressive behaviour and bullying management strategies and policy statements are included in all orientation programs.

Proposed Course of Action 5

Universities, Technical and Further Education (TAFE) and other education providers are requested to include education on prevention and management of aggressive behaviour and bullying in their curriculi.

Prevention and Management Strategies

Proposed Course of Action 6

A review of current management strategies and reporting procedures is conducted with the objective of establishing best practice guidelines for the public health service.

Proposed Course of Action 7

A review is conducted to identify resources required to ensure the safety and security of staff. The working party identified the following areas of priority:

- emergency departments;
- mental health units;
- remote health services;
- country and regional health services;
- women’s and children’s health services; and
- community health services.

Proposed Course of Action 8

Strategies are developed to reduce the negative impact of aggressive behaviour and bullying on staff including (but not limited to) support packages and appropriate counselling services.

Proposed Course of Action 9

An ongoing monitoring and evaluation program is established to assess the effectiveness of intervention strategies implemented, with the results reported to the Minister for Health every six months.
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1 Introduction - What do we mean by Workplace Aggressive Behaviour and Bullying?

“Workplace violence is an action or incident that physically or psychologically harms another person. It includes situations where employees and other people are threatened, attacked or physically assaulted at work.

Non-physical violence, such as verbal abuse, intimidation and threatening behaviour, may also significantly affect a person’s health and well being. Threats may be perceived or real and there does not have to be physical injury for the violence to be a workplace hazard. Employees may be affected by workplace violence, even if they are not directly involved” (Consumer and Employment Protection, 2002).

Workplace aggressive behaviour and bullying is of concern for the health system, including Western Australia. In a survey conducted by Workcover New South Wales (NSW), health was identified as the industry with the highest prevalence of major violence claims, with the nursing profession ranking second only to security services.

The Minister for Health and the Department of Health Western Australia is committed to addressing these problems and working towards achieving the safest and most harmonious working environment possible for all staff.

At the direction of the Minister for Health, a working party was established with the express purpose of preparing a discussion paper with proposed courses of action to address workplace aggressive behaviour and bullying in the Western Australian public health system. In particular, these proposed courses of action would detail strategies to raise awareness amongst members of the community and health employees on the issue of aggressive behaviour and bullying in the workplace. Ms Suzanne Rosier was appointed as chair and members of the working party were drawn from a wide section of the public health service.

Proposed courses of action developed by the working party provide options for the direction of policy development and the implementation of appropriate and relevant strategies across the health system.

The ultimate aim is to achieve “zero tolerance” to workplace aggressive behaviour and bullying at Department of Health worksites. The working party defines “zero tolerance” as a complete refusal to tolerate unjustifiable aggressive behaviours.

It is important to note that the health system recognises that some clients may not be responsible for their behaviours. The working party believes it is important to differentiate unacceptable workplace aggressive behaviour from that of behaviour demonstrated as a result of a medical condition, such as dementia, hypoxia or brain injury.
It will take time, resources and changes in community and health service culture, to address attitudes and behaviours to achieve this aim of “zero tolerance”. Therefore, commitment and support by all parties is essential.

The development of this paper involved consultation with a broad range of health service employees from varied professional and work settings. For the purpose of clarity, it was identified that workplace aggressive behaviour and bullying needed to be addressed separately and specifically, whilst acknowledging that bullying is nevertheless a form of aggressive behaviour.

Case studies have been provided in the Appendix to demonstrate the range of workplace aggressive behaviour and bullying being experienced in our health system. These case studies have been derived from actual incidents and names and some details have been changed or withheld to ensure confidentiality.

Given the complex nature of the issues involved in workplace aggressive behaviour and bullying, the working party recommends an advisory committee be established. This committee would be responsible to ensure the strategies to prevent and manage workplace aggressive behaviour and bullying are incorporated in the overall plan.

Proposed Course of Action 1

An advisory committee on workplace aggressive behaviour and bullying is established and equipped with adequate resources (both human and financial) to fulfil its Terms of Reference, which may include (but not limited to):

- development of a comprehensive policy statement;
- development of resources to assist health services implement strategies to address workplace aggressive behaviour and bullying;
- assistance with the development of the prevention and management framework; and
- development of relationships with external agencies, including the Department of Public Prosecutions, Department of Education, Police Service and local councils, to provide protection for employees in the workplace.

The advisory committee may include representatives from health service management, health service unions (The Australian Nursing Federation, The Australian Medical Association, Community and Public Sector Union/ Civil Service Association, Hospital Salaried Officers Associations and Liquor Hospitality and Miscellaneous Workers Union) and expert representatives from other agencies. The Minister for Health may elect to appoint an independent chairperson.
2  Background  
Workplace Aggressive Behaviour

Workplace aggressive behaviour is not unique to the nursing profession but affects all staff working in health. Statistics from the Department of Consumer and Employment Protection state that “in Western Australia over the three years to June 1998, workers’ compensation data shows that nearly half of the workplace assaults resulting in injury or time lost from work were in the health and community service industry” (Consumer and Employment Protection, 2002).

Numerous references to workplace aggressive behaviour can be found in nursing literature. Research conducted for the Report of the West Australian Study of Nursing and Midwifery -- New Vision, New Direction 2001, found that nurses in Western Australia, particularly in country and emergency department settings, are feeling increasingly vulnerable to workplace aggressive behaviour. To illustrate, an extract from the report states:

“The lack of security in many workplaces is causing stress. This was raised by nurses and midwives participating in this study. Improving the working environment to support and protect nurses and midwives from violence and intimidation at work must be addressed as a matter of priority.

Changes in social expectations about the provision of health care and the increased misuse of drugs and alcohol within the community have heightened nurses and midwives exposure to attack. In particular, nurses and midwives in rural practice and those in emergency departments have reported feeling vulnerable to attack” (Pinch and Della, 2001).
2.1 What is Workplace Aggressive Behaviour?

In literature reviewed by the working party, workplace aggressive behaviour, occupational violence, workplace violence, bullying and harassment are all terms frequently used, and interchangeably, to define events or behaviours that occur in the workplace.

Based on the literature, the working party established the following definitions:

*Workplace aggressive behaviour:* Incidents, perceived or real, when staff are abused, threatened or assaulted in circumstances arising out of, or in the course of, their employment, involving an explicit or implicit challenge to their safety, health or well-being.

*Physical violence:* The use of physical force against another person or group which results in physical, psychological or sexual harm. It includes, but is not limited to, stabbing, shooting, beating, kicking, slapping, spitting, pushing, biting and pinching.

*Psychological violence:* The use of power against another person or group which results in psychological or physical harm or an inability to develop professionally. This includes, but is not limited to, verbal abuse, suggestive behaviour, threat of physical abuses, intimidation and bullying.

Examples of workplace aggressive behaviour can include:

- threats of violence;
- intimidating behaviour;
- verbal abuse; and/or
- physical abuse.
2.2 What causes Workplace Aggressive Behaviour?

Internationally there is consensus in the literature that indicates the incidence of aggressive behaviour has increased, yet actual trends are poorly reported. This may be partially accounted for by recent socio-economic trends.

The United Kingdom (UK) British Retail Consortium surveys in 1994/5 and 1995/6 indicated a 5% increase in physical violent incidents. The cost to society of violence and stress may account for 1 to 3.5% of gross domestic product (Hoel, Sparks and Cooper, 2001). Workplace violence, physical or psychological, is global, crossing borders, work settings and occupation groups (Chappell and Vittorio, 1998).

This increase is not isolated to the workplace. The Queensland Police Service (2002) lists several social and cultural influences that impact on the incidence of aggressive behaviour in society. These include:

- alcohol and other intoxicating substances;
- increased exposure to violence;
- lack of positive role models;
- peer pressure;
- religious/cultural influences;
- family influences (ie: family breakdown/divorce);
- child abuse;
- domestic violence;
- individual characteristics (ie: specific life experiences);
- individual values/morals;
- lack of education; and
- personal addictions.

Many societal changes increase the risk of exposure to aggressive behaviour in the workplace. The nature of work and the environment in which work is conducted also influence the risk of exposure, including:

- the nature and location of work;
- the type of clients;
- business hours; and
- employee numbers at any one time.

In an evaluation by the Health Services Advisory Committee (HSAC) of the Health and Safety Executive (HSE), variations in violent incidents by health core sub-sectors were collated. Accident and Emergency Department and psychiatric hospital workers were at greatest risk, followed by those working in the area of intellectual disability (Mayhew, 2000).
The working party also identified a variety of reasons, specific to the nature of the patients/clients who attend our health services, which contribute to the incidence of workplace aggressive behaviour. Examples include:

- mental instability;
- fear and stress related to injury or illness of self or loved one;
- influence of alcohol or other substances;
- irritation and frustration from prolonged waiting times;
- feeling aggrieved (eg: a sense of being treated unfairly, whether real or perceived);
- feelings of loss of control;
- uncomfortable physical conditions;
- prejudice because of gender, cultural, religious or political differences between groups in society, bias against minority groups, such as people with disabilities;
- the general culture of the workplace and the acceptance of aggressive behaviours; and
- antisocial personalities.

Health services cannot change societal trends in isolation, but need to work together with the community to address issues.

2.3 What are the effects of Workplace Aggressive Behaviour?

Societal costs

WorkCover New South Wales (2001), documented the following societal effects:

- stress and trauma;
- financial expenses incurred by the victims, family and friends;
- interpersonal conflict between the victim and family members;
- elevated workers compensation premiums;
- increased Medicare payments;
- increased disability claims;
- retraining and rehabilitation costs;
- crimes compensation payouts; and
- loss of confidence in certain areas of business or certain professions leading to shortages in these areas and further recruitment costs.
Community costs

Workplace aggressive behaviour has serious effects on health care services and the delivery of health care. Examples include:

- decreased availability of services eg. lack of after-hours service;
- high organisational costs eg. inability to recruit or retain staff;
- service loss due to a high rate of absenteeism;
- loss of continuity of care;
- increased costs to ensure a safe environment; and
- loss of reputation.

Organisational cost

The effect on employees from workplace aggressive behaviour has a direct impact on health services. Some examples include:

- employee poor performance or poor customer service;
- decreased productivity due to staff turnover or absenteeism;
- decreased job satisfaction, morale and employee involvement;
- difficulties in recruiting and retaining valued staff and increased recruitment costs;
- loss of valued employees;
- legal liability and legal costs;
- increase in the number of workers compensation claims and the associated cost; and
- cost of structural repairs to premises and equipment.

Individual costs

The effects of workplace aggressive behaviour on employees may be physical, psychological or social, as well as negatively affecting their work and career. Some examples include:

- physical and psychological trauma to the victim;
- increased levels of anxiety, depression, stress related illness, absenteeism and staff turnover;
- insecurity, self-doubt, loss of self esteem and confidence;
- lack of sleep, exhaustion and headaches;
- reduction in quality of work;
- isolation from colleagues;
- inability to pursue career opportunities and lack of a career path; and
- financial implications due to loss of work.
2.4 Bullying

Bullying is behaviour specifically executed to devalue the worth of others. Bullying is the deliberate and persistent use of power or strength to coerce, threaten, persecute or address others, by using fear or intimidation.

Bullying is endemic within the workplace. This is illustrated in a study, completed by the Centre for Research in Health Behaviour in Canterbury, to determine the prevalence of bullying in the National Health Service (NHS) Community Trust. Key messages from this survey include;

- “38% of staff in a community NHS trust reported being subjected to bullying behaviours in the workplace in the previous year and 42% had witnessed the bullying of others;
- staff who had been bullied had lower levels of job satisfaction and higher levels of job induced stress, depression, anxiety, and intention to leave;
- support at work may be able to protect people from some of the damaging effects of bullying; and
- employers should have policies and procedures that comprehensively address the issues of workplace bullying” (Quine, 1999).

There are many forms of bullying, some obvious and others more subtle, which make it difficult to identify and address. They can include:

- persistent unwarranted or unjust criticism;
- humiliation and/or patronising behaviours and comments;
- limiting opportunities for professional growth and/or isolating people from normal work interaction;
- being singled out and treated differently;
- excessive monitoring or checking up on;
- overwork, unnecessary pressure, impossible deadlines;
- underwork, creating a feeling of uselessness;
- spreading gossip about the victim;
- undermining work performance, deliberately withholding work-related information or resources or allocating a much greater proportion of unpleasant work than others are given;
- teasing or regularly being made the brunt of pranks/practical jokes; and
- displaying written or pictorial material, which degrades or offends.
2.4.1 What causes Bullying Behaviour?

The United Kingdom (UK) National Workplace Bullying Advice Line, *Bully OnLine* (2002), states that the purpose of bullying is to hide inadequacies. It is believed that bullies are motivated by low self-confidence, low self-esteem, and insecurity. They can feel inadequate, incompetent and unable to meet the obligations of their role, and/or are fearful of being exposed. Bullies are described as resentful and driven by jealousy and envy. Interestingly, not all people who demonstrate bullying behaviour are aware of their practices.

The working party also identified the following reasons for possible causes of bullying behaviour:

- inadequate or incompetent individuals who wish to divert attention away from themselves;
- individuals who desire to control or have power over others;
- lack of action taken against complaints of bullying;
- management condoning the behaviour or exhibiting the behaviour themselves;
- organisational change, restructuring, increase in work demands and pressure; and
- poor people-management practices and skills.

2.4.2 What are the Effects of Bullying Behaviour?

Quine (1999) found staff who had been bullied have significantly lower levels of job satisfaction and significantly higher levels of job induced stress, depression, anxiety and intention to leave the job. Mayhew and Chappell (2001) state that bullying can result in significant deficits for the individual and the organisation.

The effects of bullying on employees may be psychological, physical or social, as well as having a negative impact on their work and career. Some examples include:

*Psychological*

- Stress, anxiety or excessive worry;
- Insecurity, self-doubt, loss of self esteem and confidence;
- Depression; and
- Poor concentration, forgetfulness or indecisiveness.
Physical

- exhaustion;
- headaches;
- sleeplessness;
- increased cynicism and negativity;
- lost work time worrying and avoiding; and
- reduction in quality of work.

Social

- isolation from colleagues.

The effect of bullying on employees has a direct impact on health services. Some examples include:

- loss of staff morale;
- unsettled or unproductive workplace;
- employee poor performance or poor customer service;
- high staff turnover and loss of valued employees;
- increased recruitment costs;
- increased staff absenteeism;
- occupational safety and health issues due to physical or psychological injuries;
- workers compensation claims and associated cost; and
- legal liability and legal costs.
The goal of the Public Health Service is to adopt a “zero tolerance” stance towards aggressive behaviour and bullying. Full support and commitment from State Government, organisations, employees and the community will be required to achieve the goal.

Health employees want to feel safe in their working environment and they want the opportunity to provide the best care without fear.

Health services are fundamental to the communities they serve. Promoting good relationships within the community and specifically with organisations such as the Department of Prosecutions and Police Service is essential to minimise the negative effect of aggressive behaviour on employees and provide protection for employees in the workplace.

Managing Expectations

Managing expectations is a key to minimising the incidence of workplace aggressive behaviour. Patients/clients may not understand how the health system works or what they should expect when they are using the service. This lack of or inappropriate information results in unrealistic expectations from patients/clients.

Unrealistic expectations can then result in aggressive behaviour. As well as educating patients/clients about how health services operate, the community must also be aware of what constitutes aggressive behaviour, which behaviours will not be tolerated and the consequences of their unacceptable actions.

As well as the establishment of an advisory committee on workplace aggressive behaviour and bullying (see page 14 - Proposed Course of Action 1), the working party strongly recommends that a comprehensive education and awareness package is developed and distributed as a matter of priority.

Proposed Course of Action 2
A comprehensive staff and health service provider education and awareness program and package should be developed, in consultation with the health services, employees, health service unions and community representatives, including (but not limited to):

- accessible information and resources for managers, employees and members of the public, including a mutual respect statement; and
- information on training and other resources focussed on prevention and management of workplace aggressive behaviour and bullying.

Proposed Course of Action 3
A community education and awareness program be developed for the general public about health services. The program will inform the community on acceptable behaviours and the consequences of unacceptable behaviours, including a statement on “zero tolerance” to workplace aggressive behaviour and bullying.
3.1 Education to Address Workplace Aggressive Behaviour and Bullying

Education and training in the prevention and management of workplace aggressive behaviour and bullying incidents should be provided by all health services. The working party has highlighted the fact there is often confusion from staff about their rights and responsibilities in such situations. Staff face conflict from their duty of care to patients and their legal responsibility to ensure their own safety and that of their co-workers. To implement successful strategies, staff must be aware of the limits of their duties of care. Information on broad management and specific local strategies to manage aggressive behaviour and bullying can be delivered at an undergraduate level and during orientation to health services.

Proposed Course of Action 4

Workplace aggressive behaviour and bullying management strategies and policy statements be included in all orientation programs.

Possible Course of Action 5

Universities, Technical and Further Education (TAFE) and other education providers be requested to include education on prevention and management of aggressive behaviour and bullying in their curricula.

3.2 Reporting Workplace Aggressive Behaviour and Bullying

Lack of reporting of events is a major concern for the health industry. Organisations require evidence of aggressive behaviour and bullying incidents. The information is necessary to assist organisations develop and implement effective prevention and management strategies and gain support from government, employees and the community.

Some reasons why workplace aggressive behaviour and bullying are not reported include:

- not identifying the behaviour as aggressive behaviour or bullying;
- complacency or desensitisation to this behaviour, seen as “part of the job”;
- misunderstanding or confusion of staff rights and responsibilities;
- physical harm not incurred or not perceived as significant enough to warrant reporting;
- staff talked out of reporting the incident;
- reporting process not known or supported;
- staff feeling aggressive behaviour or bullying goes unchecked by the organisation and is therefore not worth reporting.
- staff perception of being a “dobber” or “whistle blower”;
- perception that lodging a workers’ compensation claim will affect future employment;
increased number of casual staff who may not want to be involved in reporting incidents, just “want to work their shift and go”;
perception the victim is “weak” or “brought it on themselves”;
the perpetrator is in a higher position; and
fear of repercussions, either physical or professional.

Given the reasons for non-reporting of workplace aggressive behaviour and bullying, the working party concluded that a review of the current reporting systems and procedures is required.

Proposed Course of Action 6

A review of current management strategies and reporting procedures is conducted with the objective to establish best practice guidelines for the public health service.

3.3 Current Implementation Strategies to Address Workplace Aggressive Behaviour and Bullying

Addressing workplace aggressive behaviour and bullying requires a unified approach across health. Although some issues are specific to individual environments, most are consistent. It is recognised many health services have developed and implemented strategies which support the possible courses of action made by the working party.

A coordinated, collaborative approach is required to implement strategies consistently across Department of Health worksites. It was agreed that a review should be undertaken to identify resources required to ensure the safety and security of staff.

Proposed Course of Action 7

A review is conducted to identify resources required to ensure the safety and security of staff. The working party identified the following areas of priority:

- emergency departments;
- mental health units;
- remote health services;
- country and regional health services;
- women’s and children’s health services; and
- community health services.

Proposed Course of Action 8

Strategies are developed to reduce the negative impact of aggressive behaviour and bullying on staff including (but not limited to) support packages and appropriate counselling services.

Proposed Course of Action 9

An ongoing monitoring and evaluation program is established to assess the effectiveness of intervention strategies implemented and the results reported to the Minister for Health every six months.
This discussion paper will be released for public comment as part of the consultative process.

Your written comments on the issues raised in this discussion paper are invited and should be forwarded to:

Manager
Workplace Policy & Standards Branch
Level 1, B Block
189 Royal Street
EAST PERTH WA 6004

Attention: Sue Flindell

or

sue.flindell@health.wa.gov.au
5  Further Resources

Literature and resources available on workplace aggressive behaviour and bullying is extensive. The working party has collated a list of resources that may be beneficial for organisations and employees that have been used in this discussion paper.

Workplace Aggressive Behaviour

- Individual organisations Occupational Safety and Health Managers
- Department of Consumer and Employment Protection
  WorkSafe Information Line
  For enquiries about work safety and health issues
  Phone – 1300 307 877
  http://www.successunlimited.co.uk/bully/
- Work Trauma Foundation
  http://www.worktrauma.org

Bullying

- Individual organisations, Human Resources Manager
- Bullying Online
  http://www.successunlimited.co.uk/bully
- The Workplace Bullying and Trauma Institute
  http://www.bullying.institute.org
- Rural Communities
  When it’s right in front of you – Assisting health care workers to manage the effects of violence in rural and remote Australia 2002
  http://www.nhmrc.gov.au


APPENDIX: CASE STUDIES

The attached case studies are examples that cover the two broad areas of concern on Workplace Aggressive Behaviour and Bullying towards staff.
Case Study – Remote Communities

Background
Western Australia has numerous nursing clinics in remote communities throughout the State, staffed predominantly by one or two nurses, with visiting fly/drive visits by medical staff. The clinics are staffed Monday to Friday, however, nursing staff are available for emergencies on a 24-hour basis.

The following case is based at a community without a live-in police presence and is only accessible by a 1½ hour flight.

Incident:
Following a domestic argument, a female client presented to the clinic with minor injuries and was kept there until her partner could calm down. She had requested help from the nursing staff because there did not appear to be any alternative. Her male partner then smashed the roller door of the clinic demanding to be let in or get the female client out. He then leapt the fencing at the back of the clinic let himself into the clinic, threatening the female client and nursing staff, including threatening to drive a truck through the clinic, burn the clinic down and yelling and gesturing wildly in a threatening, aggressive manner. He later threw a star picket through the steel roller door.

The community wardens assisted with the incident and the nursing staff were unharmed. Unfortunately, the wardens are often delayed in responding to incidents of this nature due to poor telecommunication networks within the community.

Key Contributing Factors:
- High alcohol and substance abuse levels;
- geographical isolation;
- many of the remote communities are isolated and not easily supported by mainstream services and access to clinics often involves long flights or drives;
- lack of social services support;
- often the Department of Health is the only State Government service provider in the community. Many community members rely on nursing staff to provide refuge during times of crisis due to a lack of alternatives. The communities naturally rely on them to resolve many of the issues which would be dealt with by alternative agencies in regional and city centres.
- reliance on the community; and
- there is an expectation that local communities provide systems to protect staff, particularly after-hours or when people are inebriated. Often communities do not have the capacity to support these systems.
Case Study – Emergency Department

Background
A 26 year old female with a lacerated arm presented to the Emergency Department by ambulance and escorted by police. The patient was intoxicated but orientated on arrival.

She was abusive and aggressive, transferred to a patient stretcher/trolley at Triage and proceeded to kick and punch four police officers, a security officer, two registered nurses and a senior doctor. The police officers received a variety of injuries which included being kicked, punched and scratched on various parts of their bodies. The security officer was punched in the shoulder. The nurses were assaulted by being pulled by the hair and another hit in the face. The senior doctor was hit in the face and neck. The aggressive verbal abuse from the patient was also significant to cause emotional and psychological trauma to the staff involved.

Key Contributing Factors:
• High alcohol consumption; and
• history of domestic violence at home.

Outcome
The patient was physically restrained and sedated under duty of care by Emergency Department (ED) clinical staff as her physical injury was significant and potentially life threatening. The next day the patient was admitted to a ward, underwent surgery and was discharged.

Case study - Emergency Department

Background
A patient attended the emergency department via ambulance with a minor injury and was directed to the waiting area until it was his turn to see a doctor.

Incident
The patient became aggressive towards other visitors. Following examination by medical personnel, the security officers were called and the patient was removed from the waiting area.

The patient then became verbally abusive to visitors waiting outside the emergency department. He also threatened to physically assault them. Security officers removed the patient from the premises and escorted him to a bus station. He was advised not to return to the emergency department or he would be arrested on site.

The patient did not comply with the security guards direction and returned to the emergency department.

Staff within the department called the police for assistance and the patient continued his aggressive behaviour. He became physically aggressive, lunging and kicking at the security officers and he was placed in handcuffs. He then kicked one security officer in the mouth. This incident was within the Emergency Department (at the Triage counter) and security guards feared for the safety of other patients and relatives. He was removed to the ambulance area while staff waited for the police to attend. The patient continued to struggle and a patient care attendant and several orderlies were required to assist. The patient’s behaviour had occurred over a four-hour period.

The patient was later charged and convicted of Assaulting a Public Officer.
Case Study – External Agencies

Background
A nurse working in a non-nursing agency/department was called on for advice relating to an occupational health and safety issue. In seeking appropriate off-site supporting evidence/information to enable an accurate response, the nurse initiated a work-site investigation. Despite the fact the nurse had not breached any workplace guidelines, the agency/department manager was not happy about the outcome of the off-site investigation.

Incident
Since the investigation, the manager targeted two staff members, a nurse and an agency/departmental staff member. They were refused interaction with other staff within the agency/department and the manager continually addressed them in condescending tones. The manager assigned them demeaning duties and removed them from committees. Their contributions made at open forum meetings were over-ruled by the manager.

Due to the behaviour of the manager, both staff found it extremely difficult to continue in their role. They were anxious and felt as though they were ‘walking on egg-shells’ whenever the manager was around. The manager worked hard to make them appear incompetent and publicly criticised them. Their professional integrity was also targeted by removing responsibility for duties which were clearly in their domain and preventing them attending professional development sessions.

Outcome
The nurse initially received very good support from her manager in working towards a resolution. However, the manager was not willing to address the situation and she was unable to obtain a favourable solution. The agency/department staff member went off duty on stress-leave. Several weeks later the nurse also went off on stress-leave. One staff member has not worked again. The other has taken up a new position, while the manager remains at the work-site.
Case Study – Mental Health

Background
A mental health nurse was alerted to a patient accosting someone in their car. The driver could not leave the area due to the possible danger of causing physical injury to the patient. The nurse called for assistance and then approached the patient and the car occupant.

Incident
When the patient was approached, the patient turned his aggression to the nurse and the other people assisting. The nurse sustained a blow to the head that caused the nurse to fall to the ground. The patient then stabbed the incapacitated nurse in the head. Others present detained the patient. The stabbing of the nurse was so severe that it resulted in a fractured skull. The nurse also sustained several serious lacerations. The restrained patient was returned to their ward. Following a seizure seven days later, the nurse was reassessed at a major general hospital. The injury developed into an infection at the site of fracture requiring major surgery and a five-week hospitalisation.

Outcome
A complaint was made to the police with the intent of charges being preferred. The patient was charged and convicted of Grievous Bodily Harm, but received a non-custodial sentence. The nurse has not worked since the assault.

Case Study – Mental Health

Background
An experienced social worker commenced employment in a mental health setting.

After transfer to a new work area, she began to feel stressed and unwell due to the high emotional tone of the work and the amount of abuse she perceived was directed at her by patients. There was a high level of swearing, name calling, pestering and interjection. This behaviour, coupled with regular work demands, made her job unbearable. She began to feel oppressed in the environment and her physical health began to suffer resulting in cardiac problems, high blood pressure and anxiety.

After being relocated to another area, the employee’s physical health conditions improved. On return to the original work area, the social worker began to get chronic headaches coupled with a return of the cardiac problems. This resulted in the decision to leave due to the work related anxiety and depression.

A workers’ compensation claim was lodged and it took many months for liability to be determined. This made life difficult for the employee, as when her sick leave expired she had to rely on welfare payments until the status of her claim was determined.

Outcome
The health system lost an experienced, committed worker who will now be looking for work outside the health system.