

Workplace bullying in the Australian health context: a systematic review

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Purpose:

During the past decade, there has been increased attention into bullying behaviours in workplaces. Research to date has varied in design, definition of what constitutes bullying behaviour, as well as the methods used to collect data and measure bullying incidence and prevalence. Nonetheless, studies demonstrate bullying is a significant issue, which warrants an increased research focus to develop greater understanding of the concept, its effects and implications in, and for, the workplace. This review focuses on capturing a range of International and Australian literature regarding workplace bullying behaviours in a health context from a management perspective. As a result, this review identified gaps in the literature when expanded specifically to an Australian health context.

Objective: The purpose of this review is to summarise the existing literature, both Internationally and in Australia, which examines workplace bullying behaviours in a health context from a management perspective.

Method: The PRISMA method was used to structure the review, which covered a wide range of literature from databases including Medline, Embase, CINAHL and Informit, as well as reports, and grey literature.

Findings: The review included 62 studies that met the inclusion criteria and reported either: (1) factors contributing to workplace bullying; (2) at least one significant example of workplace bullying behaviour, or (3) the impact of workplace bullying behaviours in a health context.

Conclusions: There is limited data on workplace bullying behaviours in an Australian health context. The literature supports there is value in future research to develop consistent definitions, policies, procedures and frameworks, which could help to prevent or address workplace bullying behaviours based on work being undertaken internationally.

Key words: workplace bullying; bullying; health managers; bullying behaviours; workplace harassment

1. Introduction

It is suggested the incidence of bullying in Australian workplaces is increasing and is not exclusive to one jurisdiction, one industry, or one ‘type’ of worker (Lovell and Lee 2011). Comprehensive and unequivocal data on the prevalence of workplace bullying is very limited in part due to the problems with definitions. However, according to current research, one in five people are likely to be bullied at work and in some industries, such as health, welfare and education the figure is higher ranging from 25% to 50% (Lovell and Lee 2011). International prevalence rates indicate a large variance. For example, the lowest reported rate is 3.5% in Sweden (Broome and Williams-Evans 2010) and the highest is 21.5% in the United States (Bryant et al 2009), while the United Kingdom falls in between, with the reported rate at 15% (Balducci et al 2009).

In Australia, most knowledge of workplace bullying behaviours is based on research undertaken in the school context which is extensive and well regarded (Vie et al, 2011). Workplace bullying has received much less attention, but research in the area is steadily increasing. Workplace bullying is a form of harassment, which is recognised as a management issue for employers (Safe Work Australia 2013). It is fundamentally a health and safety issue, with trade unions now agreeing workplace bullying is an important factor which needs to be addressed (Lovell and Lee 2011).

In this paper, we use the PRISMA (Preferred Reporting Systematic Reviews and Meta-Analyses) method (Moher et al 2009) to review the literature on workplace bullying in the Australian health service context. According to Moher and colleagues ‘*a systematic literature review is a review of a clearly formulated question that uses systematic and explicit methods to identify, select, and critically appraise relevant research, and to collect and analyse data from the studies that are included in the review*’ (Moher et al 2009). The review suggests there is ample scope for further research as currently there is scant literature available focused on workplace bullying in an Australian health context. Research being undertaken internationally has identified gaps and challenges to addressing workplace bullying which could be drawn on in future research. Further research is required to provide consistent definitions of workplace bullying behaviours, in addition to informing the development of policies, procedures and frameworks to address this challenging issue.

2. Method

The PRISMA guidelines for systematic reviews was applied. An initial exploratory background search in Medline alone using the key word ‘bullying’ yielded over 70,000 articles. The purpose of this initial search was to ascertain what research was available,

where it was located, the amount of research available and the relevance to the Australian health context.

The keywords bullying; harassment; workplace; workplace bullying and workplace violence were then used in a title search in Medline, Embase, CINAHL and InformIt which yielded 13,720 articles.

In addition, studies were identified through other online searches such as websites using the key words identified and also searching the websites of government agencies and authorities (ie. Fair Work Australia, Safe Work Australia). These yielded 53% of studies in the search. Grey literature contributed to 33% of studies in the search and included a range of reports and Parliamentary inquiries. 64% of studies in the search were conducted via snow-balling, pursuing references of references, and was useful in identifying sources from obscure locations and exploring new research as it emerged. EndNote X7.0.2 was used as a reference manager to input references, abstract and keywords.

2.1 Data extraction

The search strategy involved only English language citations and conventional Cochrane headings were used broadly in reviewing the literature. A total of 13,720 publications were initially identified through all search fields capturing both International and Australian literature. An inclusion criteria was then used to decrease the volume of articles and to refine the study to enable the review of a more manageable number of articles.

The included articles were required to meet the following criteria:

1. the studies of participants/adults over the age of 22 years
2. focused on contexts and/or environments related to health
3. described incidence within the workplace
4. described an evaluation
5. described a study rather than being a review or evaluation report only

Only studies of participants over the age of 22 years were included in this review. This is because the review focused on workplace bullying from the perspective of management trainees and it is highly unlikely that trainees would be younger than 22 years of age, given the educational requirement of such positions.

After duplicates were removed, 7,968 articles remained to be screened using the inclusion criteria to review titles and abstracts for eligibility and relevance. This resulted in 1,230 articles remaining. Full texts for these articles were then reviewed in full using the same inclusion criteria for eligibility and relevance. At this stage gaps in the literature emerged and key articles from non-health contexts were maintained as they provided significance to an Australian perspective on workplace bullying and emphasised the limited research specific to an Australian health context.

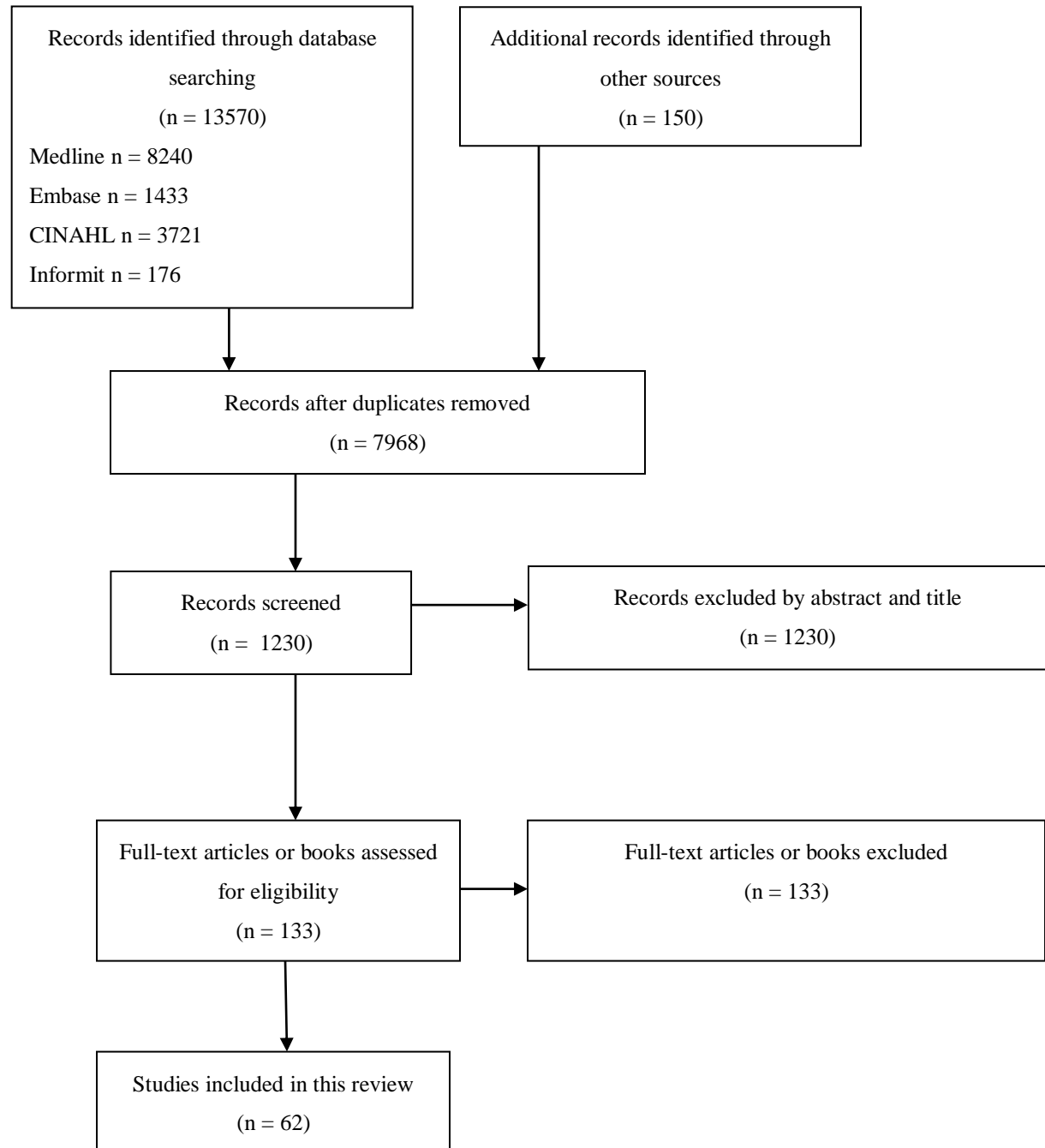
2.2 Results

A final total of 62 studies fulfilled all the stated inclusion criteria of workplace bullying in the health context and have been included in this review. Of these, 15 remain from a non-

health context. 46 (74%) studies were included from full text reviews of database searches. 16 (26%) studies were included from additional sources. Of the 16 studies 4 (25%) were from online searches, 3 (18%) were from grey literature and 9 (57%) were from snow-balling. Steps involved in the review process were not always linear; studies were returned to on numerous occasions to determine eligibility and relevance. Studies were included and then extracted at various stages as the inclusion criteria was refined and abstracts reviewed.

Figure 1.1: Flow diagram of the selection of studies for workplace bullying the health context

Search parameters 2008-2014



3. Findings

The purpose of the review was to analyse the existing literature, both internationally and in Australia, which examines workplace bullying behaviours in a health context and any relevance from a management perspective. Consistent themes emerged across the review however, each of these in turn reflected the complex dynamics of current research into workplace bullying, including the lack of a consistent definition or parameters of what constitutes bullying, by whom, and for whom, within different contexts.

3.1 Prevalence Rates

Prevalence rates in Australia are difficult to determine as, to date, a consistent national evidence base has not been developed. The Australian Workplace Barometer (AWB) project (2009-2011) found 6.8% of Australian workers experienced bullying behaviours at work in the previous 6 months and 3.5% for longer than 6 months (House of Representatives 2012). However, the prevalence of workplace bullying could be as high as 15% according to a report by the Productivity Commission (2010).

Many factors impact on prevalence rates including how bullying behaviours are defined, population size, measurement and reporting systems as well as cultural practices around bullying behaviours. Self-reporting can affect both under reporting and over reporting and lack of consistency in research and data, regulators and commissions who require reports make it difficult to construct a single clear definition against which to measure prevalence (Askew et al 2012; Cleary et al 2009; Einarsen et al 2009; Hauge et al 2009).

3.2 Lack of definition for workplace bullying

Knowledge about workplace bullying in Australia is limited and consistent national definitions, policies and frameworks are yet to be developed. Although there is no single, universal definition of workplace bullying either nationally or internationally, it is generally accepted to be repeated systematic, interpersonal abusive behaviours which negatively affect the targeted individual (Branch and Barker 2013; Cowan 2012; Piotrowski 2012; Samnani and Singh 2012; Rutherford 2004).

Workplace bullying is a multi-dimensional phenomenon. Issues relating to psychological health, including stress, depression, anxiety and suicide ideation are becoming increasingly important (Finne et al 2011; Lovell and Lee 2011; Vie et al 2011; Broome and Williams-Evans 2010; Balducci et al 2009; Bryant et al 2009; Dollard et al 2007). Situational factors such as positional power and authority, role ambiguity, role conflict and interpersonal conflicts are emerging as predictors of workplace bullying (Nielsen 2013; Van Rooyen and McCormack 2013; Rucker 2012; Balducci et al 2011; Casida and Parker 2011; Agervold 2009; Hauge et al 2009).

Bullying behaviours are considered widely to be about relationship issues, intention to harm, frequency and an imbalance of power which is evidenced by the significant body of research into school-based bullying behaviours (Rigby 2010; Cross et al 2009). Contributing to the complexity of definitions for workplace bullying are the varied terms used to describe 'bullying' such as mobbing, workplace harassment, workplace aggression,

emotional abuse and even psychological abuse (Sheehan and Griffiths 2011; Bryant et al 2009). However, the phenomenon also encompasses peer victimisation and group intimidation.

3.3 Types of workplace bullying behaviours

Workplace bullying can be defined as repeated and unreasonable behaviour directed towards a worker or a group of workers which creates a risk to health and safety. Repeated behaviour refers to the persistent nature of the behaviour and can involve a range of behaviours over time. Unreasonable behaviour means behaviour which a reasonable person, having considered the circumstances, would see as unreasonable, including behaviour which is victimising, humiliating, intimidating or threatening (Safe Work Australia 2013; Knox Haly 2008). While there continues to be ambiguity in defining workplace bullying behaviours, such behaviours are largely left up to interpretation. At the core, any behaviours which are deemed upsetting, hurtful or even humiliating are categorised as ‘bullying’.

Bullying behaviours can be subtle and covert and therefore employees may not be able to readily identify these behaviours as ‘bullying’. Consequently, employees may not feel they can easily report or describe these incidents (Caponecchia and Wyatt, 2011). They may also feel embarrassed or fearful of the repercussions and consequences of reporting bullying behaviours, particularly against a manager or more senior person in the organisation (Franklin and Chadwick 2013; Safe Work Australia 2013; Lovell and Lee 2011). Adding to the reluctance to report incidences of bullying behaviours is the suggestion individual employees may not perceive supportive practices to be in place and that management is unlikely to address the issues and redress the behaviour (House of Representatives 2012; Caponecchia and Wyatt 2011; Einarsen et al 2009). Research demonstrated bullying is often managed inadequately and complaints from employees are frequently dismissed (House of Representatives 2012; Caponecchia and Wyatt 2011; Einarsen et al 2009).

Examples of behaviour, whether intentional or unintentional, which may be considered to be workplace bullying if they are repeated, unreasonable and create a risk to health and safety include, but are not limited to abusive, insulting or offensive language or comments (Safe Work Australia 2013; Cleary et al 2009; Adams et al 2013); unjustified criticism or complaints (Safe Work Australia 2013; Cleary et al 2009); deliberately excluding someone from workplace activities (Safe Work Australia 2013; Cleary et al 2009; Rutherford 2004); withholding information which is vital for effective work performance (Safe Work Australia 2013; Askew et al 2012; Cleary et al 2009); setting unreasonable timelines or constantly changing deadlines (Safe Work Australia 2013; Cleary et al 2009); setting tasks which are unreasonably below or beyond a person’s skill level (Safe Work Australia 2013; Cleary et al 2009; Rutherford 2004); denying access to information, supervision, consultation or resources to the detriment of the worker (Safe Work Australia 2013; Cleary et al 2009); spreading misinformation or malicious rumours; (Safe Work Australia 2013; Cleary et al 2009; Adams et al 2013) and changing work arrangements such as rosters and leave to deliberately inconvenience a particular worker or workers (Safe Work Australia 2013; Cleary et al 2009; Adams et al 2013).

A single incident of unreasonable behaviour is not considered to be workplace bullying, however it may have the potential to be repeated or to escalate and therefore should be taken seriously. It can take the form of direct or overt acts such as verbal abuse, accusations and public humiliation or it can be indirect or covert and more subtle in nature such as rumour spreading, gossiping and social exclusion (Van Rooyen and McCormack 2013; House of Representative 2012; Cleary et al 2009; Hauge et al 2009).

3.4 Impacts of workplace bullying behaviours

Described as a form of psychological violence, workplace bullying can result in significant damage to an individual's health and wellbeing, and in extreme cases, can lead to suicide (Lovell and Lee 2011). Bullying and harassment have a significant impact on mental health, job satisfaction, and intention to leave the workforce (Johnson 2011; Review Equal Opportunities 2004; Cleary et al 2009; Turney 2003; Drabek and Merezcz 2013). Such behaviour can also undercut the productivity of an entire organisation, which incurs financial costs to employers and the national economy (Review Equal Opportunities 2004; Adams et al 2013; Shallcross et al 2013; Sheehan and Griffiths 2011). Research has indicated the targets of workplace bullying are significantly more likely to experience decreased job satisfaction, lower self-esteem, depression and post-traumatic stress disorder and witnesses of such behaviours may suffer similar effects (Branch and Barker 2013; Van Rooyen and McCormack 2013; Piotrowski 2012; Balducci et al 2011; Hoobler et al 2010; Balducci et al 2009; Bryant et al 2009; Glaso and Notelaers 2012).

Employers also are impacted by negative consequences of workplace bullying including high turnover and absenteeism of staff, lower productivity, poor staff morale and even increased financial costs due to legal claims, worker's compensation and managers time (Becher and Visovsky 2012; Bellot 2011; Hoobler et al 2010). This review also found bullying behaviours were rife with 'associated intimidation and intolerance of dissent' (Amrein 2012) which has contributed to the malfunctioning health sector.

3.5 Contributing factors

3.5.1 Lack of management leadership

Cultural and systematic factors can contribute to the increased risk of workplace bullying as evidenced by the findings from an inquiry into the NSW Ambulance Service (Coursey et al 2013) which highlighted a highly dysfunctional environment; nepotistic 'old boys club'; inept managers; management culture; poor working conditions; inability of managers to deal with conflict; victimisation of staff; conflict between older and younger staff; and normalisation of workplace bullying behaviours. These factors created the environment which allowed disrespectful behaviours to emerge and escalate into workplace bullying. A risk management framework, in the form of Workplace Health and Safety as currently termed in Australia, may be a legal requirement in some organisations to address workplace bullying as a health and safety issue however, if managed well, this can be viewed as a proactive approach. Organisations which adopt this approach usually have systems and procedures in place to assess the degree of risk, implement steps to manage these risks and continually monitor and evaluate the risks (Einarsen et al 2011; Branch and Barker 2013; Bryant et al 2009). However, the first step is to engender commitment from management

and senior executives. Leadership at all levels of the organisation (ie. Board, CEO, or Executive) needs to be motivated and engaged to prevent workplace bullying using a proactive and systemic approach as opposed to a reactive approach (Van Rooyen and McCormack 2013; Felblinger 2009; Alterman et al 2011; Broome and Williams-Evans 2010). The literature demonstrates the complex interaction between individual events and management culture in the creation and maintenance of an environment which enables workplace bullying. A clearer understanding of such mechanisms and manifestations of bullying in the workplace can, it is argued, lead to a reduction in incidents (Branch and Barker 2013; Bryant et al 2009).

Workplace bullying is symptomatic of broader issues within organisations (Becher and Visovsky 2012) and is an interaction between enabling structures, incentives or triggering circumstances, such as restructuring. Workplace bullying behaviours may be more about leadership and organisational issues as well as interpersonal relationships within organisations (Becher and Visovsky 2012; Van Rooyan and McCormack 2013; Spence Laschinger et al 2012; Gumbus 2011). Managers are under increasing pressure to meet performance targets with limited resources and reduced budgets (Branch and Barker 2013) and may be likely to pass this pressure on to staff such as internal competition, reward systems or expected benefits. Lack of effective management skills is viewed as a significant factor contributing to workplace bullying in addition to unrealistic expectations, authoritarian management, personality and even failure to address workplace bullying when it occurs (Einarsen et al 2011; Gaffney et al 2012; Agervold 2009; Drabek and Merez 2013; Bartos et al 2008).

The literature also attempts to explain the contributing factors or motivations which can lead to workplace amongst both managers and employees. These include, but are not limited to: competitiveness (Cleary, Horsfall and Jackson 2013); compensation for deficiency (Cleary, Horsfall and Jackson 2013; Balducci et al 2011); protection of self-esteem (Balducci et al 2011; Chang and Lyons 2012); envy (Chang and Lyons 2012; Agervold 2009); performance appraisal or reward structures (Agervold 2009; Bartos et al 2008); lack of awareness (Spence Laschinger et al 2012; Bartos et al 2008); workplace changes; (Cleary, Horsfall and Jackson 2013; Chang and Lyons 2012) and management philosophy. (Cleary, Horsfall and Jackson 2013; Bartos et al 2008).

A key factor influencing the incidence of workplace bullying is organisational culture and management styles (Sheehan 2004). Management culture may 'normalise' workplace bullying if behaviours have been ignored or tolerated by senior management for periods of time. This can lead to those engaging in workplace bullying to believe their behaviour is acceptable if there are no perceived consequences. However, there is tension between what constitutes bullying as opposed to simply poor management and leadership and this is often hard to distinguish in organisations thereby adding to the complex dynamic and perceptions of workplace bullying. There is also evidence from the literature to suggest supportive work environments contribute to coping strategies for individuals and may act as a buffer from the negative and damaging effects of bullying (Shallcross et al 2013. Sheehan 2004).

3.5.2 Hierarchical structures

The concept of horizontal workplace bullying and hierarchical workplace bullying has emerged in recent years (Biggio and Cortese 2013; Chiaburu and Harrison 2008). Horizontal workplace bullying is defined as bullying behaviours which occur between workers on the same level, in the same occupation. Hierarchical workplace bullying is defined as occurring by virtue of an individual's structural location within the workplace and the wider world of work. Interpersonal hierarchical bullying is more prevalent in professions where power disparity is significant (Felblinger 2009; Caponecchia and Wyatt 2011; Glaso and Notelaers 2012). Workplace bullying can be seen in organisations where hierarchical systems and structures are the norm and where the organisation is resistant to change (Balducci et al 2011; Sheehan 2004). Factors such as competitiveness, autocratic managers, hierarchical organisations and environments with poor communication practices without formal policies encourage workplace bullying behaviours (Cleary, Horsfall and Jackson 2013; Gaffney et al 2012).

The hierarchical structure of organisations is seen to create an imbalance of power and can lead to the misuse of this power amongst managers. Individuals within these professions can be seen as 'inheriting' power and prestige due to their occupations (Agervold 2009; Bartos et al 2008; Sheehan and Griffiths 2011). Leadership styles can also contribute to workplace bullying and there is a link between strong management practices and bullying (Sheehan and Griffiths 2011). An autocratic manager may engage in workplace bullying simply by exerting their authority over others, making unreasonable demands or excluding workers in decision making processes which are within their authority. Controlling managers may not realise some of the behaviours they are demonstrating are bullying behaviours. Some managers will attempt to explain their behaviour as 'reasonable management practices' or even 'blame' the worker for being 'too sensitive' (House of Representatives 2012; Rucker 2012; Felblinger 2009; Casida and Parker 2011).

Organisations with hierarchical management structures, high pressure and few policies are more likely to experience greater levels of workplace bullying (Einarsen et al 2011; Biggio and Cortese 2013; Cowan 2012; Cleary et al 2009; Balducci et al 2011; Casida and Parker 2011; Bellot 2011; Samnani and Singh 2012; Drabek and Merezcz 2013). Exposure to workplace bullying is shown to have detrimental consequences for not only individuals but also organisations (Cleary, Horsfall and Jackson 2013; Alimo-Metcalf et al 2008).

3.5.3 Lack of workplace support

The uncertainty and frequently changing nature of organisations within a health context can lead to some people deliberately working for their own personal end or gain (Balducci et al 2011; Chang and Lyons 2012). Individuals who are seen to break the social rules of the workgroup by performing better than expected may be targeted (Cleary, Horsfall and Jackson 2013). Employees who are perceived by others as having knowledge, skills or expertise which is difficult to replace or deemed to be 'favoured' may also be targeted. This notion of 'favouritism' can also be demonstrated through performance appraisals or reward structures (Agervold 2009; Bartos et al 2008). Conversely, performance appraisals can also be used as personal attacks on employees by inept managers. In some organisations a culture of blaming or establishing rigid rules combined with changing organisational procedures can lead to bullying behaviours. Some managers demonstrate hostile behaviours

towards individual employees or reinforce the inappropriate behaviours by their inaction (Cleary, Horsfall and Jackson 2013; Bartos et al 2008). Formal positions of power can also contribute towards bullying behaviours. Managers in some organisations are promoted due mainly to their demonstrated task skills and competencies and some lack the relational and interpersonal skills required at more senior levels. Others are promoted or in positions which are outside their skill set and both of these can lead to a culture of bullying behaviours (Cleary, Horsfall and Jackson 2013; Chang and Lyons 2012). Inaccessible managers can also foster a culture of bullying behaviours, those managers who are behind closed doors, rarely interact with employees or even physically absent from the workplace on a regular basis. In addition, employees who find their jobs changing or moving from one area to another may experience difficulties in engaging and connecting with different people (Cleary, Horsfall and Jackson 2013; Chang and Lyons 2012). Currently there is high mobility within the health workforce and can this lead to feelings of isolation.

3.5.4 Informal power

Informal sources of power also exist such as power gained by length of experience, time employed by the organisation and access to influential networks (Agervold 2009). Mobbing behaviours are those which are based on strength of numbers and influential contacts (Westues 2004; Hutchinson et al 2010; Balducci et al 2009). The behaviours within the group are passive aggressive and used as a deliberate strategy to cause harm with the intention of forcing the worker to leave (House of Representatives 2012; Rucker 2012; Jenkins 2013; Sheehan 2004). Managers may be in a position of power however they could also be a target of mobbing - manipulative behaviour such as gossip, hearsay or rumours. The significance of the impact of workplace mobbing is not well understood though long-term psychological damage, loss of employment and loss of financial security are evident. Workplace mobbing is a result of a dysfunctional organisational culture (Shallcross et al 2013; Sheehan and Griffiths 2011; Sheehan 2004; Westues 2004).

3.5.5 Social environment

The social environments of organisations such as expectations, norms and beliefs may contribute to workplace bullying. Individual groups, teams or departments within organisations may establish different norms and patterns of behaviours from the wider organisation as a whole (Chiaburu and Harrison 2008; Franklin and Chadwick 2013; Jenkins 2013; Anderson 2011). Conflict within group norms is considered to be a significant cause of workplace bullying (Einarsen et al 2009; NSW Health 2013) as individuals may challenge the behaviour or make a complaint and this in turn can lead to being targeted by the group. The culture of groups, teams or departments is a challenge and the responsibility for managers. A psychological model designed to describe the connections between emotions and feelings in the workplace, job performance, job satisfaction and behaviours is the Affective Events Theory (Branch and Barker 2013). Affective Events Theory proposes that an individual's predisposition is more likely to influence their emotional response to events and mechanisms for coping. An 'affective event' is one which causes an emotional reaction in an individual and influences their attitudes and in turn their behaviour. Essentially, those high in negative affect are more likely to demonstrate distress and pessimism than those with low negative affect. Moods

and emotions influence the interpretation and response to an affective event (Branch and Barker 2013).

Emotional incidents, such as bullying behaviours, at work are distinguishable and have a significant psychological impact on a range of areas in an individual. Research suggests poor physical, mental, and emotional health can result from negative emotions experienced at work (Branch and Barker 2013)..

3.6 Factors which can address workplace bullying behaviours

A range of skills have been identified to deal effectively with workplace bullying behaviours and their contributing factors. These key skills include communication, empathy, emotional intelligence, conflict resolution, interpersonal relationships, personal mastery, leadership, negotiation, stress management, team building and problem solving. These skills should be taught within a framework of a learning organisation by focusing on challenging the assumptions regarding workplace bullying held by individuals; developing a culture where bullying is not tolerated and individual learning is acquired through staff training, development and continuous self-improvement (Lovell and Lee 2011; Broome and Williams-Evans 2010; Gumbus 2011; Glaso and Notelaers 2012).

It is suggested that it is easier to prevent workplace bullying than to treat it. Key factors to reduce workplace bullying is for organisations to systematically address prevention as well as implementing systems to manage bullying which may be entrenched. The literature suggests this can be achieved by Chief Executive Officers and/or Managers leading by example and supporting the introduction of organisation-wide, comprehensive policies, procedures and practices which may prevent workplace bullying (Lovell and Lee 2011; Broome and Williams-Evans 2010).

Whilst many organisations have a ‘zero tolerance’ policy toward workplace bullying behaviours, the practice is quite different (Askew et al 2012; Broome and Williams-Evans 2010; Cleary et al 2009). Demonstrated top management commitment to a policy of zero tolerance is of core importance, with this commitment included in mission/vision statements and embedded in strategic plans. Organisational focus on a regulatory approach of policy and legislation is not effective on its own. Research demonstrates a move toward restorative practices such as shared responsibility and shared concern will have longer term impacts on reducing workplace bullying behaviours. These strategies include non-punitive responses, restorative circles and conferencing and fostering pro-social work group behaviour (Jenkins 2013; Hutchinson et al 2010; Bryant et al 2009). Restorative approaches focus on bullying behaviours as a human issue not a breach of policy issue. A principal component of restorative practices is the need to rebuild social relationships and repair the harm.

The complexity of workplace bullying behaviours needs to be acknowledged. It’s critical to consider effective supervision and performance management is not workplace bullying as this process is constructive and supportive.

3.7 Reporting of workplace bullying behaviours

Further issues are evident with the reporting of workplace bullying behaviours. Reporting mechanisms can be influenced by legislative frameworks, the unions' role or social norms (Branch and Barker 2013; Coursey et al 2013; Chiaburu and Harrison 2008). In addition, there a range of reasons as to why people may not report workplace bullying when they occur. These can include being unsure of the procedures for reporting, the subtlety of the behaviours, fear of losing their job or how they will be perceived, embarrassment, the position of the person engaging in the bullying behaviours and the nature of the industry/sector (Cowan 2012; Law et al 2011; Sheehan and Griffiths 2011; Bryant et al 2009; Cleary et al 2009). The concept of 'whistleblower' exists in the health sector, particularly in nursing, and can involve the reporting of unsafe and poor work practices as well as workplace bullying. The term is often used to describe promoting advocacy to prevent harm however it can also have negative connotations as some workplace cultures view whistleblowing as 'telling tales'. In some organisations once reported, facilitation occurs but nothing really changes or the outcome is to leave the organisation as workers feel this is the only way they can change the situation (Drabek and Merez 2013; Glaso and Notelaers 2012; Cowan 2012). The literature also describes how workers feel disempowered due to the seniority of the person engaging in bullying behaviours and the perceived inadequacy of internal grievance procedures. Managers also need the moral fortitude to respond appropriately and assertively to bullying behaviours when they occur (Cleary, Horsfall and Jackson 2013; Cleary et al 2009).

There is a paucity of data into the prevalence of workplace bullying as collecting data is complex. One complexity is based on how workplace bullying is defined, the other is how it is measured. Some studies use self-reported bullying with definitions provided, others focus on indices of bullying behaviours with a range of scoring methods. People are likely to either over-report or under-report bullying behaviours (Branch and Barker 2013; Cowan 2012; Franklin and Chadwick 2013; Caponecchia and Wyatt 2011; Lovell and Lee 2011; Nielsen et al 2008). In addition, cultural differences in the perception of workplace bullying and reporting procedures vary. A survey conducted by a recruitment firm, Drake International in 2009, found 25% of Australian workers had experienced workplace bullying in the previous 6 months and more than 50% stated they had witnessed some form of workplace bullying. Public sector authorities in Australia are starting to monitor workplace bullying by means of staff surveys, though the terms 'bullying' and 'harassment' are confused in some of the data. The YourSay Workplace Culture survey is conducted bi-annually by NSW Public Health. In 2013, more than 43,000 staff and volunteers responded to the survey which represents 32% of NSW Health's total workforce. A total of 67% of respondents indicated they had been exposed to repeated behaviour which is offensive, humiliating or threatening in the previous 12 months. Of these, 11% experienced these behaviours from a supervisor or manager while 13% noted colleague/s as the source (Law et al 2011).

4. Conclusion

The literature supports the need to develop consistent definitions, policies, procedures and frameworks which could prevent, or at least, address workplace bullying behaviours. Key elements such as the embedding of bullying into workplace policies, procedures and

frameworks and articulating clear messages in regards to workplace bullying and acceptable behaviours. In addition, managers need to act appropriately and in a timely manner when workplace bullying is reported or observed.

The studies which were reviewed have illuminated, albeit briefly, a range of strategies, when implemented effectively, could reduce the frequency of workplace bullying behaviours. The evidence suggests workplace bullying in the health sector affects the individuals involved, the organisations and the patients they serve (Branch and Barker 2013; Felblinger 2009; Broome and Williams-Evans 2010). The prevalence of workplace bullying throughout the medical workforce in Australia or elsewhere has received minimal research focus (Amrein 2012) though wide media focus and is well communicated and often mentioned informally in workplaces. An area under-researched is the emergence of patients and families involved in bullying toward staff in the health sector and the perceived failure of managers to provide a safe environment, this is an interesting addition to the literature and one which could be explored further in future.

The literature suggests the health sector in Australia is under pressure with increasingly limited resources, the introduction of Activity Based Funding (ABF), performance targets for senior managers and executives and the recognition traditional roles and systems are no longer appropriate (Branch and Barker 2013). There is also an increased emphasis on knowledge, greater reliance on new technologies, increasing use of just-in-time production and management and more frequent organisational change and restructures (Einarsen et al 2011; Piotrowski 2012; Felblinger 2009; Dollard et al 2007).

The Garling Report released in 2008 made a range of recommendations for NSW public hospitals, this has led to rapid and widespread reform throughout the sector. However, such rapid change has also led to confusion and ambiguity about roles and responsibilities and in turn may create the environment and opportunities for the abuse of power through bullying behaviours (Felblinger 2009; Balducci et al 2011; Agervold 2009; Anderson 2011; Rutherford 2004). These factors may contribute to the prevalence of workplace bullying and provides further evidence to the challenges in addressing the issue as incidents may also be under-reported. This also supports the view that managers need to be skilled and equipped to deal with the rapidly changing health environment throughout their career. The term 'agile' may be appropriate, that the emerging managers of the future need to be flexible, transformational and have the ability to 'switch gears' and adapt to the increasing demands within the health sector (Balducci et al 2011).

The review indicates whole-of-organisation and sector wide anti-bullying policies are required which clearly define bullying behaviours though within the limitations of the review a clear understanding of how this could be implemented across whole sectors was not evident. In the Australian health context, specific state based jurisdictions have mandatory workplace bullying policies and procedures, however, one of the challenges with addressing workplace bullying, even when there are clear definitions, is interpretation and perception. The literature did not address this area and this study is of significance to the research field. There is a paucity of research into perceptions of workplace bullying and

evidence suggests a key determinant to addressing workplace bullying are management practices.

The literature emphasises the need for organisations to define what types of behaviours do and do not constitute bullying as key and suggests these need to be supported and endorsed by senior management and executives if we are to provide a safe working environment and a means for reporting workplace bullying. The challenge is that processes need to be implemented which include informal and formal strategies for a prompt resolution when reported. The evidence shows that workplace bullying is under-reported and thereby organisations need mechanisms in place to encourage reporting. This presents another challenge with the literature highlighting the impact on either ‘whistle-blowers’ or employees who are potentially subjected to further incidents. The development of a ‘respectful behaviour policy’ may be an addition which links to existing codes of conduct, performance management policies and a range of other HR policies and organisational directives can lead to the ongoing wellbeing of the organisation and senior management and executives need to be constantly vigilant in their enforcement of these policies and codes.

A whole-of-organisation approach to creating safe and supportive work environments acknowledges the strong interconnections between wellbeing and cultural change. This approach is inclusive of all staff - regardless of position or seniority. Workplace bullying is less likely to occur in respectful and supportive workplace environments. Organisational culture also has a significant impact on workplace bullying behaviours. Workplace bullying can be entrenched in the culture of an organisation, department, unit or team and the way in which managers respond to bullying is imperative in dealing effectively with the issue. In some instances, the level of workplace bullying perceived to occur in the organisation can impact upon its reputation. Managers need to continually build positive relationships with and among staff and to give the issue constant attention.

The primary studies indicate various individual factors, such as personal competencies and coping style, and contextual factors such as the availability and accessibility of affective social support, may differentiate those who deal effectively with workplace bullying behaviours from those who do not. A shift toward positive relationship management, more relational language and a balance between prevention, intervention and crisis management is a way of demonstrating the organisations’ desired outcomes align with the vision and culture.

An understanding of the literature indicated a potential and important first step in addressing workplace bullying would be education and awareness raising in the health sector as a prevention strategy. Targeted training, amongst emerging managers as they commence their management career, within the workplace could address the issue of future organisational culture which may encourage conformity and acceptance of workplace bullying. Currently in some jurisdictions in the Australian health sector there are diversity workshops, rights and responsibilities workshops, training for managers and employees, training for contact officers (ie. HR personnel) and skills development training (ie. communication, leadership, conflict coaching) however these workshops focus on the

broader issues and do not necessarily focus on prevention. There continues to be a high incidence of workplace bullying and turnover of staff in some areas.

Organisations and managers within these, have a duty of care to ensure all employees are safe at work. This not only includes being 'safe' from physical harm and hazards but also 'safe' emotionally and psychologically. Employers are also legally responsible to act in every way practical to prevent workplace bullying, however, many employers are unaware of the legal responsibilities and uncertain as to what steps or procedures to implement to reduce the risk of workplace bullying. The process of naming workplace bullying as an important mental health issue will in part begin to address the problem. Assisting organisations to change attitudes towards workplace bullying is vital if we are to deal effectively with the increase in, and the impact of, workplace bullying in Australia.

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