

# ILL-TREATMENT AT WORK IN IRELAND

The true extent and prevalence of ill-treatment across workplaces in Ireland has been revealed in the latest ‘Irish Workplace Behaviour Study’, which was funded by the Institution of Occupational Safety and Health (IOSH), and involved researchers from NUI Galway, the University of Limerick, Plymouth University and the Health Promotion Research Centre.

**M**any people experience ill-treatment in their workplace, and few would deny that they have not, at some stage of their working life, been treated badly by a manager, a colleague, or a client.

However, sometimes ill-treatment starts to affect the health of workers in a very negative way, often when it is persistent and deliberate.

Ill-treatment is strongly associated with significantly poorer mental health and also poorer physical health, which is why it is a serious problem for workers at the receiving end of it. And if they need sick leave or may have to leave the organisation, this also causes problems for that organisation.

Ill-treatment is not easy to measure for a variety of reasons. One of these reasons is that can be difficult to decide what constitutes ill-treatment. Is it shouting and verbal abuse from colleagues or clients? What about excluding or humiliating a worker or a group of workers? Is it managers that set unrealistic deadlines, or constantly check up on you when there is no need?

This study by IOSH, which builds on previous workplace bullying studies in 2001 and 2007, has extended the focus to include a measure of incivility and disrespect, unreasonable management and physical injury or violence.

At the recent launch of the third ‘Irish Workplace Behaviour Study’ at the head office of the Health and Safety Authority (HSA), the findings were presented by Dr Margaret Hodgins, School of Health Sciences at NUI Galway, IOSH Vice President Louise Hosking and HSA representatives.

## UK STUDY REPLICATED

The researchers replicated the ‘British Workplace Behaviour Study’ from 2011, using the same questionnaire as the British used a methodology of

Figure 1: List of 21 Behaviours

<b>Unreasonable management</b>
Someone withholding information which affects performance
Pressure from someone to do work below their level of competence
Having opinions and views ignored
Someone continually checking up on work when it is not necessary
Pressure not to claim something which by right staff are entitled to
Being given an unmanageable workload or impossible deadlines
Employers not following proper procedures
Employees being treated unfairly compared to others in the workplace
<b>Incivility or disrespect</b>
Being humiliated or ridiculed in connection with their work
Gossip and rumours being spread or allegations made against others
Insulting or offensive remarks made about people in work
Being treated in a disrespectful or rude way
People excluding others from their group
Hints or signals that they should quit their job
Persistent criticism of work or performance which is unfair
Teasing, mocking, sarcasm or jokes which go too far
Being shouted at or someone losing their temper
Intimidating behaviour from people at work
Feeling threatened in any way while at work
<b>Violence or injury</b>
Actual physical violence at work
Injury in some way as a result of violence or aggression at work

interviewing people door-to-door.

This was felt to be better than asking people to comment on ill-treatment while in their workplace. It was also better than by the telephone, which can be difficult if the respondent is distracted or if respondents need to read and think about questions about workplace ill-treatment.

A sampling procedure was used to identify 2,400 eligible

households, spread randomly across the country. Interviews were successfully completed in 1,764 of these households, in each case with an adult who was currently employed or who had been employment in the past two years. The profile of this sample was compared with the national population (e.g. for gender, ethnicity, occupation, education) and the study sample closely matched the national population.

Respondents were given a list of 21 behaviours (see Figure 1) and were asked, for each behavior, whether they had experienced it, witnessed it or perpetrated it. Other questions were asked about their position in the workplace, managerial experience, and the workplace generally; whether they worked under pressure, had control over aspects of their work, and whether their work or the pace of their work has changed.

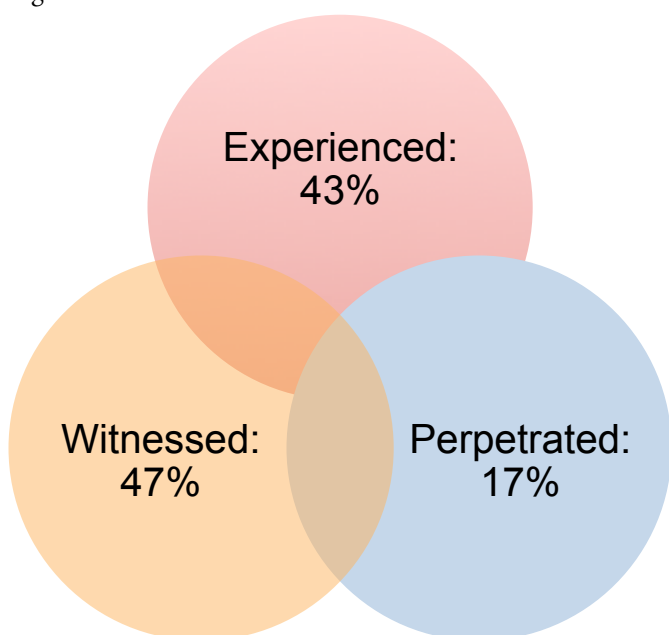
A total of 29 workers across three workplaces were interviewed about their experiences of ill-treatment, to find out about the implementation of policies on the ground. Each organisation also provided relevant copies of relevant policies



– the ‘Dignity at Work’ policy, in addition to supporting policies such as disciplinary, grievance and code of conduct. Ill-treatment (as measured by at least one item on the 21-item behavioural checklist) was experienced by 43% of participants within the previous two years. Unreasonable management was experienced by 37%, incivility or disrespect by 31.3% and physical violence by 2.6%.

Overall, 47% of respondents witnessed at least one negative act, with 42% witnessing unreasonable management, 38% incivility or disrespect, and 5% witnessing violence. For perpetration 17% reported perpetrating at least one item of ill-treatment.(See Figure 2).

Figure 2: Levels of Ill-Treatment



#### SAME LEVELS FOR MEN & WOMEN

Levels of ill-treatment overall were found to be much the same for men and women, although in terms of severe bullying (any two of the behaviours daily) women were definitely more likely to experience this kind of ill-treatment.

Workers of black or mixed ethnicity experienced higher levels on unreasonable management than white or Asian workers. Asians are more likely to experience incivility and disrespect and also violence. Those aged 25-34 years are at the greatest risk of witnessing the perpetration of unreasonable management and experiencing severe bullying, whereas younger workers (under 25 years) are at the greatest risk of experiencing incivility or disrespect.

These findings match those of the British study (BWBS), providing strong evidence for the importance of the work environment as a determinant of the way in which people are treated in work. Both studies show clear relationships between negative working conditions and higher levels of ill-treatment.

### DIGNITY AT WORK POLICY

For the three organisations, each had a Dignity at Work policy, in addition to supporting disciplinary, grievance and code of conduct policies. Based on an analysis of the written documents, all three organisations appeared to have met all or most of these criteria.

A number of issues can be described as going beyond standard requirements; providing training for managers, systematic data collection, the inclusion of a discussion about ill-treatment in exit interviews, and having processes for rebuilding workplace relations, and these were less evident. Despite the apparent adequacy of a basic policy in each of the organisations, the interviews told a different story, in varying degrees of distance from the policy statements.

The researchers found that policies must be developed and implemented in a way that is safe for workers. If workers do not think they are being protected by the policy, despite a stated commitment to their protection contained within it, they will not use it.

Employers expect managers to play a key role in tackling bullying, and workers in all three organisations recognised this. In all three sets of interviews however, there was reference to managers, either being unwilling or unable to 'have the difficult conversation', and needing training to do so. There were references to managers who just didn't want to know about these problems, or who 'marked time', hoping problems would somehow resolve themselves.

The importance of clarity of role and training and support for managers emerges clearly from the interviews. The complex realities for a manager on the ground, such as having to manage former colleagues and friends, having to manage people who have been in the organisation for a much longer time than the manager, and maintaining confidentiality are often not addressed.

### BULLYING BEHAVIOUR NOT ADDRESSED

Participants talked about how senior management don't take bullying seriously, insofar as aggressive behaviour and instances of repeated incivility can often be ignored or dismissed. This results in the victims losing any hope that the organisation will move to reprimand the instigator, and this is witnessed by many others, feeding into a general expectation of inaction and low levels of confidence in procedures.

In this way, despite policy statements, ill-treatment becomes normalised. When ill-treatment is normalised, the culture has become toxic. The placing of a policy on a website or in a folder can give an organisation a sense of security, but if in fact it does not give serious consideration to the implementation of policy, it is meaningless. When this occurs, it is seen to be a function of a negative culture, one that does not value staff or have any concern for their welfare.

In all three sets of interviews, participants could see that ill-treatment needs to be dealt with very promptly, usually referred to as 'nipping it in the bud'. People could see how not dealing with matters promptly allowed them to escalate, if conflict was involved, or to fester unpleasantly if people felt unfairly treated.

Perception is very important in ill-treatment situations. If people perceive themselves to be treated unfairly, dismissively, rudely or with belligerence, this will impact on all subsequent communications and this is one reason why very early intervention is essential.

Experience on the ground indicated that matters can be prolonged, and long waits are to be expected. In fact often in order to take a formal complaint of bullying forward, it has to be on-going for six months, according to research findings.

### WHAT RESEARCH MEANS

Although ill-treatment is experienced at an individual level, organisations clearly bear responsibility for protecting employees from negative behaviour, and intervention at the level of the organisation is essential. The study findings add to the accumulating evidence that organisational factors are strong predictors of ill treatment.

Not only do negative environments increase the risk of ill-treatment, positive environments reduce the risk. The study, therefore, provides strong evidence that the work environment is a determinant of ill treatment, or conversely positive treatment.

Increasing control over decisions, tasks and pace of work, managing high demand, supporting staff in a positive way and treating people as individuals, have the potential reduce workplace ill-treatment.

The interviews, which focused on experience on the ground, demonstrated clearly that despite meeting the criteria for good practice in respect of policies, the greatest challenge lies in implementation.

Policy publication and availability may give a sense of security to an organisation, but if attention is not given to implementation, it does not serve the purpose intended. The study found that organisations struggled to fully protect workers, even when devising a rich policy portfolio.

If workers do not feel safe using policies, they will not do so, and ill-treatment can become normalised. The culture of the organisation is of fundamental importance and where policy is not properly implemented and ill-treatment blind-eyed or rewarded, a toxic culture results. Employees perceive non-implementation as a signal that the employer does not take ill-treatment seriously and, therefore, does not take employee health and wellbeing seriously.

Organisations need to address ill-treatment by focusing on this fundamental issue and assuring employees, through their

attention to implementation, that this is a core value; not to do so, is a form of ill-treatment, the researchers point out.

**SPECIFIC ATTENTION NEEDED**

The findings of the study highlighted the need for specific attention to line or middle managers, who are expected to play a key role in dealing with ill-treatment issues that arise, and the importance a culture that supports them. It is not possible to fully protect staff from conflict but actions can be taken to reduce their likelihood and the risk of escalation.

The training and on-going support of managers, in a way that addresses the particular context of the organisation is essentially in addressing ill-treatment. In particular, the complexity of human behaviour in the context of a hierarchical organisation, where people are dependent on their employers for work, and fear reprisal if they allege ill-treatment, needs to be recognised.

Finally, current policies, that require a six-month evidence period, are effectively ‘allowing’ workers to be damaged. Even in organisations where workers are not averse to engaging with the policy, such restrictions create a situation in which policy is not fully fit for purpose.

The researchers note that organisations could look to the promotion of respectful behaviour, adding that procedure and practices

need to be respectful. They state that respectful behaviour can be modelled by senior management and reflected in organisational practices. In conclusion, they maintain that addressing the problem in this multi-level manner offers the most hope for genuine reduction in levels of ill-treatment.



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