



Bullying and Harassment: Pursuing Zero Tolerance

in General Practice



GPSA

GENERAL PRACTICE SUPERVISION AUSTRALIA

About this guide

Training Practices which implement zero tolerance policies for bullying and harassment are happy places to work. Despite workplace bullying, harassment and discrimination being unacceptable and illegal, it occurs in all sectors of the Australian workforce, including general practice.

The consequence of this behaviour can derail a victim's professional and personal life, impact on their health, lead to legal action, and compromise patient safety.

We all, cleaner through to practice principal, have a responsibility to adopt a zero tolerance approach to bullying and harassment.

This guide explains how to recognise and manage this behaviour, fostering a healthy work culture which benefits staff and patient care.

Use this as a tearoom, team building and induction resource to complement your other educational activities.

From our team to yours, we wish you well on your journey to zero tolerance and commend you on your commitment whether as the employer or the employee.

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“Exposure to bullying and harassment presents a risk to the retention of medical practitioners in clinical practice and in doing so threatens community access to quality medical care.”

Extract from Australian Medical Association position statement

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Please note that all references to general practice in this resource are intended to apply equally to both the urban and rural context of the GP medical specialty such that use of the term “GP” is taken to mean “RG” throughout.

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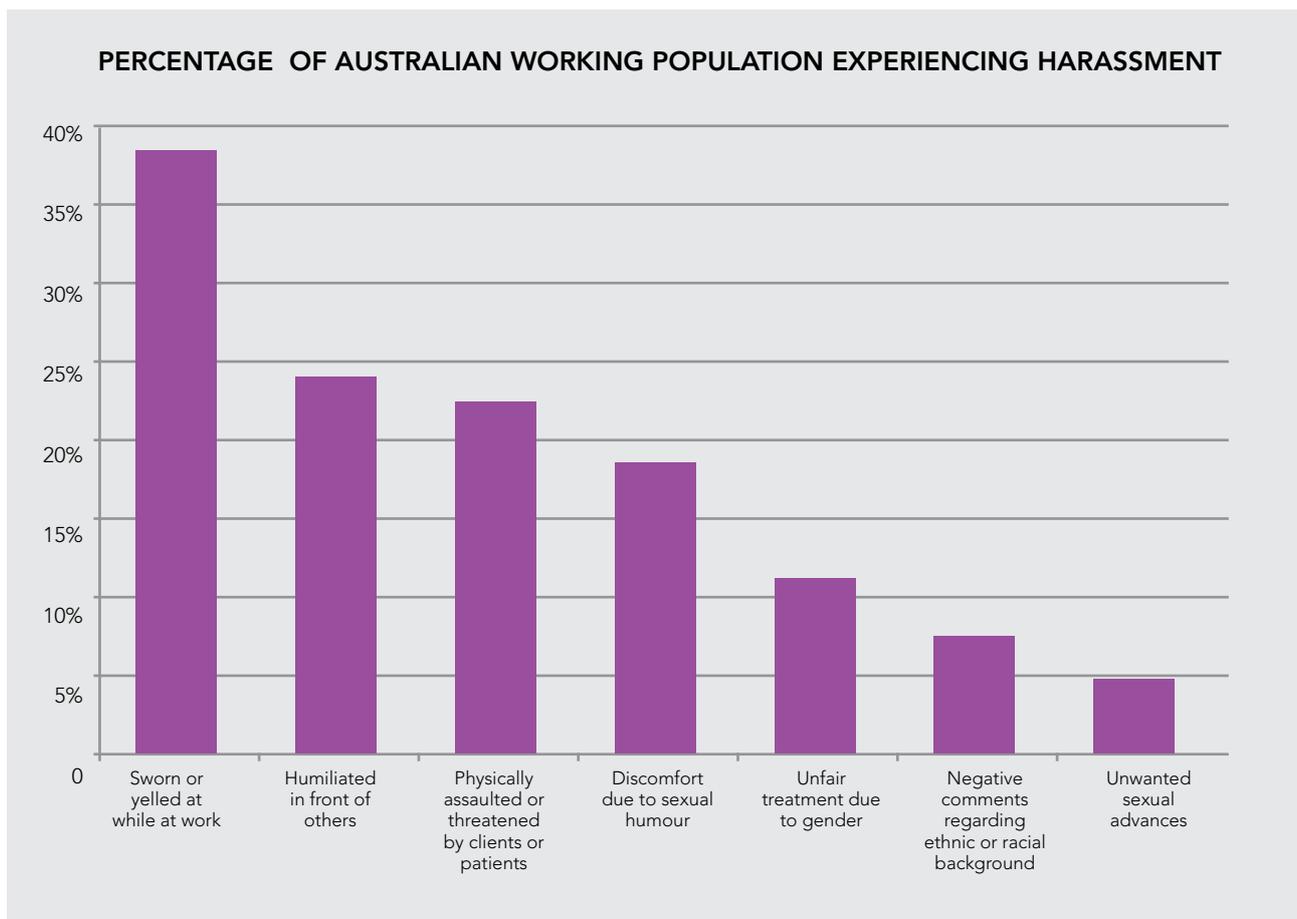
Contents

1. How common is workplace bullying and harassment in Australia?	4
2. The cost of workplace bullying and harassment	5
3. Bullying and harassment in Australian healthcare	10
4. Recognising workplace bullying and harassment	12
5. Prevention and response	15
6. Taking action	18
7. How to avoid the perception of bullying	21
8. Psychosocial risk factors	23
9. No excuses	24
Appendix 1: Tearoom flyer	26
Appendix 2: Incident report form – bullying and harassment	27
Further resources and reading	28
References	29

1. How common is workplace bullying and harassment in Australia?

Sadly research suggests that bullying and harassment is too common in Australian workplaces. In Australia, 9.4% of participants in the recent Australian Workplace Barometer (AWB) Project 2014/15 looking at Bullying & Harassment in Australian Workplaces reported workplace bullying in the past six months. This means that nearly one in 10 Australian employees report being bullied.¹ The data also revealed that 13.6 per cent had been bullied for

less than one month and 38.6% had been bullied for between one and six months. The same report found that of the bullied workers 32.6 per cent were bullied at least once a week.² The same report found females reported significantly higher levels of overall unwanted sexual advances, unfair treatment because of their gender, whilst men were significantly more likely to experience being sworn at or yelled at in the workplace.³



Source: <https://www.safeworkaustralia.gov.au/system/files/documents/1705/bullying-and-harassment-in-australian-workplaces-australian-workplace-barometer-results.pdf>

2. The cost of workplace bullying and harassment

Personal costs

Bullying and harassment can have a devastating impact on the victim (and perpetrator's) health and personal life. Being a victim can cause physical and psychological health problems which can affect their wellbeing and relationships.

Personal costs include:

- Stress
- Anxiety
- Depression
- Panic attacks
- Poor sleep
- Loss of confidence/self esteem
- Fear of dismissal or loss of job promotion opportunities
- Higher blood pressure
- Ulcers
- Musculoskeletal complaints and muscular tension
- Headache
- Sweating/shaking
- Nausea
- Irritability
- Lethargy
- Isolation and social withdrawal
- Suicidal thoughts.

Some people who are alleged to be bullies will be genuinely surprised, embarrassed and upset to discover that their behaviour has negatively affected another person.



The Age (November 1, 2015) reported on a workplace bullying case resulted in the victim Lucie Litchfield resigning from the police force and legal costs for police.

“RESIGNING FROM THE FORCE IS NOT A DECISION I WANTED TO MAKE – IT’S A DECISION I WAS FORCED INTO,” MS LITCHFIELD SAID

source: <http://www.theage.com.au/nsw/former-police-officer-lucie-litchfield-speaks-out-about-alleged-workplace-bullying-after-blowing-the-whistle-over-dinosaur-incident-20151101-gko0td.html>

Career Costs

People who are bullied or harassed cannot perform their job to the best of their ability. This may result in loss of opportunities for job promotion, dismissal or resignation, all of which can cause the added burden of financial stress.

On the other hand, a situation that escalates to a serious level may also impact on a perpetrator's job security.

Performance issues for the victim may include:

- Trouble making decisions.
- Unable to work or focus.
- Loss of self-esteem.
- Loss of job satisfaction.
- Lowered productivity
- Loss of motivation.



“As a result of my combined two experiences I have given up my career as a research scientist. I am too afraid to go back and put myself in those situations again. It was a career that I loved, and I feel a great sense of loss at the situation I now find myself in. I never expected to become a target of bullying. I used to think of myself as a strong and resilient person, but the stress that was caused by my situation - the fear of losing my job and my career - had an extreme impact on me. My doctor told me that the symptoms I felt were similar to the symptoms that someone has in a life or death situation, and that the situation was prolonged by several months, in fact more than a year, because the processes were not put in place properly to deal with my complaint.”

A parliamentary inquiry participant's account of the impact of being a victim of workplace bullying. Excerpt from Workplace Bullying: We just want it to stop. (October 2012, Consolidated version, page 31). www.aph.gov.au/parliamentary_business/committees/house_of_representatives_committees?url=ee/bullying/report.htm

Organisational Costs

From an organisational perspective, the cost of bullying and harassment can be reputational and financial. In a general practice, the impact on the victim and co-workers has the added risk of compromising patient safety.

A dysfunctional team environment will invariably lead to errors and preventable adverse outcomes.⁴ Ultimately if the culture of bullying results in demoralised staff working in a caring profession, it is the patients who will suffer.⁵

Not only does the presence of bullying in a workplace subject the employer to potential litigation in respect to bullied employees, it also exposes an organisation to actions in negligence on behalf of patients.⁶

Organisational costs include:

- Poor employee relations.
- Low staff morale.
- Lowered productivity.
- Impact on management time.
- Hostile working environment.
- Staff turnover.
- Retraining and staff recruitment.
- Increased absenteeism.
- Decreased staff loyalty.
- Adverse publicity and poor public image.
- Legal action.

It is in every workplace's best interest to be proactive in preventing and stopping bullying and harassment. Prevention is more cost effective than intervention, mediation or legal costs.

A policy statement should be endorsed and promoted by the employer and managers to raise awareness about the practice's zero tolerance towards unacceptable behaviour. Everyone in the practice team needs to understand their responsibilities to others and creating a co-operative, professional team environment.

Equally, practice staff need to understand the meaning of bullying and harassment to avoid unsubstantiated or 'bogus' claims. A staff member who feels undervalued or does not like changes to the practice's organisational structure may not be a victim of bullying and harassment even if that is their perception.



The Herald Sun (June 23, 2015) reported on early findings of a bullying and harassment culture in surgery.

“Findings from a Royal Australasian College of Surgeons Expert Advisory Group resulted in a three-year action plan “Building Respect, Improving Patient Safety”. This action was supported by other medical colleges, boards and associations who responded by also updating their policies on bullying and harassment in the medical workplace.”

<http://www.heraldsun.com.au/news/victoria/surgeons-bullying-report-by-royal-australasian-college-of-surgeon-finds-culture-of-harassment/news-story/9a01b4f4325ea19acb0dc55a6cb8c7a3>

The Sydney Morning Herald (August 14, 2014) looked at the increase in damages payouts to sexual harassment victims in Australia. The article also referenced:

“The high-profile sexual harassment case against David Jones by Kristy Fraser-Kirk, who accused then chief executive Mark McInnes, never reached the courtroom. It was settled with a reported \$850,000 payout in 2010. Ms Fraser-Kirk had sought \$37 million.”

<https://www.smh.com.au/national/sexual-harassment-damages-payouts-soar-20140813-103k8j.html>

The Sydney Morning Herald (February 25, 2013) reported on an increase in costly workplace bullying allegations, including bogus claims.

“A dramatic increase in the number of workplace bullying allegations has placed huge pressure on small businesses forced to defend many frivolous claims.”

<http://www.smh.com.au/small-business/bogus-or-not-bullying-claims-are-costly-20130224-2ezgi.html>

Cost to Australian economy

Workplace bullying costs the Australian economy between \$6 billion and \$36 billion annually⁷ in lost production, staff absenteeism and turnover, illness, accidents, disability and suicide. It occurs in all industries and sectors of the workforce, including medicine.

Other costs to the economy include public sector costs such as health and medical services needed to treat bullied individuals; income support and other government benefits provided by victims to victims of bullying who become unemployed; and the legal costs associated with pursuing formal complaints.⁸



The Australian (September 18, 2014) quoted University of South Australia researcher Maureen Dollard on Australia's "disturbing and embarrassing" levels of workplace bullying after comparisons with 31 European countries.

"AN OCCUPATIONAL HEALTH AND WORKFORCE EXPERT IS CALLING ON THE FEDERAL GOVERNMENT TO UNDERTAKE FURTHER REVIEWS OF BULLYING PRACTICES AT AUSTRALIAN WORKSITES, AFTER THE NATION WAS RANKED SIXTH ON AN INTERNATIONAL TABLE OF EMPLOYEE HARASSMENT".

<http://www.theaustralian.com.au/national-affairs/industrial-relations/aussie-workplace-bullying-sixthworst-in-world/news-story/9dd471032d35e244b22e7ef5e7fff186>

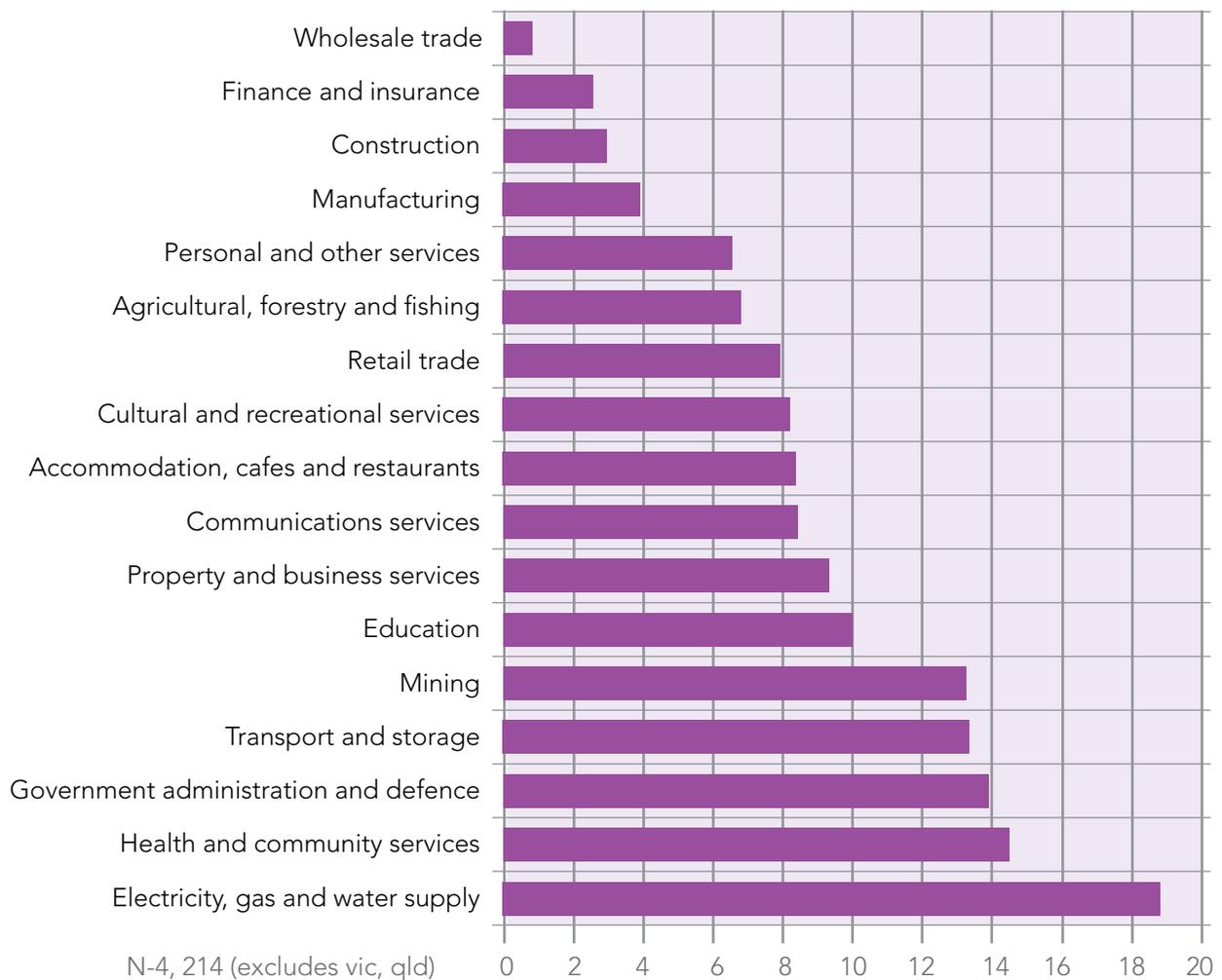


3. Bullying and harassment in Australian healthcare

The healthcare profession has one of the highest levels of bullying in the workplace.⁹

The Australian Workplace Barometer (AWB) project concluded the nation has a serious concern regarding levels of bullying and harassment.

AUSTRALIAN BULLYING RATES WORKPLACE BAROMETER - 2014/2015



Source: <https://www.safeworkaustralia.gov.au/system/files/documents/1705/bullying-and-harassment-in-australian-workplaces-australian-workplace-barometer-results.pdf>

Bullying in medicine

Australian doctors, independent of age or sex, have experienced workplace bullying, and although no conclusions can be made about causal pathways, there are strong associations between this exposure and poorer health and wellbeing, and on remaining in the medical workforce.¹⁰

In a 2009 Workplace Bullying and Harassment statement (revised 2015), the Australian Medical Association (AMA) emphasised the rights of all doctors to train and practise in a safe workplace free from bullying and harassment.

The statement called on the medical profession to adopt a zero tolerance approach towards bullying and harassment which had become “pervasive and institutionalised in some areas of medicine¹¹” due to:

- The hierarchical nature of medicine.
- Gender and cultural stereotypes.
- Power imbalance inherent in medical training.
- Competitive nature of practice and training.

Bullying in general practice

Although Australian general practitioners experience a lower rate of bullying compared to non-GPs¹², the finding that 25 per cent of GPs felt they had been bullied indicates that bullying in medical workplaces is not restricted to large hospitals or bureaucracies.

The GPs in this study reported being bullied by colleagues, patients, nurses and organisations such as the government and specialist colleges.¹³

Victims and perpetrators

Whether working in a small or large, multi-faceted general practice, all staff members are potentially vulnerable to bullying and harassment at any time in their career.

Perpetrators and victims may be the employer, supervisor, doctor, practice staff, medical student, GP registrar or patient. The behaviour may occur downwards from employer/manager to staff member, upwards from staff member to employer/manager, or sideways from peer to peer (senior or junior).

Medical students, doctors in training, females and international medical graduates have been identified as the most likely targets of bullying and harassment in the medical profession.¹⁴

Perpetrator’s intentions are irrelevant

While some bullies deliberately intimidate, humiliate or threaten another person, many people will be surprised and upset to be accused of this conduct.

The bullying may occur without the bully understanding the impact of their behaviour. However, this is no excuse. Bullying and harassment have no place in the modern Australian workplace. Whether the bullying is intentional, or unintentional, is irrelevant. The key issue is the impact the behaviour has on the victim.

4. **Recognising** workplace bullying and harassment

Bullying and harassment can be direct or indirect, meaning it can be subtle or obvious. It may be deliberate or unintentional.

It may result in a lack of concentration at work and anxieties which lead to poor work performance, sleepless nights, ill health or even suicide. If bullying and harassment occurs within a general practice it can have a significant impact on patient care and safety.

Employers have a responsibility to ensure staff are aware that bullying in the workplace is illegal and must not be tolerated by anyone.



What is bullying?

A worker is bullied at work if:

- A person or group of people repeatedly act unreasonably towards them or a group of workers.
- The behaviour creates a risk to health and safety.

Bullying can include verbal, physical or psychological abuse. Unreasonable behaviour includes victimising, humiliating, intimidating or threatening.

EXAMPLES OF WORKPLACE BULLYING

- Behaving aggressively – yelling, abusive, insulting or offensive language.
- Repeated hurtful remarks or making fun of a person’s work performance, family, sexuality, gender, race or culture, disability, or social background.
- Unfair criticism or constant negativity.
- Teasing or practical jokes.
- Pressuring someone to behave inappropriately.
- Excluding someone from work-related activities.
- Unreasonable work demands.
- Assigning meaningless tasks unrelated to the job.
- Changing work rosters to deliberately inconvenience someone.
- Displaying material that degrades or offends.
- Sending email, texts or posting comments on social media that degrades or offends.
- Spreading malicious gossip.
- Inappropriate comments to belittle or intimidate someone.
- Undermining work performance by deliberately withholding vital information, or setting a person up to fail.
- Ridicule or insinuations that someone is incompetent at their work.
- Violence, assault, stalking and damage to property. This behaviour is illegal and should be reported to police.

What is harassment?

Harassment is unwanted, unwelcome or uninvited behaviour that makes a person feel humiliated, intimidated or offended. It is important to note that harassment can be a single instance of unwanted conduct towards a person on the grounds of their race, age, gender, sexual orientation, disability or socio-economic background etc.

Under discrimination law, it is unlawful to treat a person less favourably on the basis of particular protected attributes such as a person's sex, race, disability or age. The law also has specific provisions relating to sexual harassment, racial hatred and disability harassment.

EXAMPLES OF WORKPLACE HARASSMENT

- Unwanted physical contact.
- Invasion of personal space or privacy.
- Offensive jokes and innuendos.
- Unwanted and inappropriate comments on dress or appearance.
- Display of racially offensive or pornographic material.
- Sending explicit or sexually suggestive emails or text messages.
- Derogatory name calling.
- Unfair work allocation.
- Verbal or physical threats.
- Victimisation of a person who made a complaint.
- Asking intrusive questions about someone's personal life, including their sex life.
- Derogatory comments about a person's disability.

What isn't bullying or harassment?

Legitimate management action that is carried out in a reasonable way is not bullying or harassment. A manager can make decisions about poor performance, take disciplinary action and direct and control the way work is carried out.

Managers can give their staff honest appraisal of performance or work-related behaviour – including negative feedback – but these conversations should be handled in a reasonable, professional and sensitive way.

Sometimes people may feel unsatisfied or undervalued at work. However, having grievances with organisational or management practices does not mean they are being bullied or harassed.

Reasonable management action

Reasonable management action carried out in a reasonable manner does not constitute bullying.

Reasonable management action may include:

- Performance management processes.
- Disciplinary action for misconduct.
- Informing a worker about unsatisfactory work performance or inappropriate work behaviour.
- Asking a worker to perform reasonable duties in keeping with their job.
- Maintaining reasonable workplace goals and standards.

However, these actions must be conducted in a reasonable manner. If they are not, they could still be bullying.¹⁵

5. Prevention and response

Employers have a duty under occupational health and safety (OHS) law to provide and maintain for its employees, so far as is reasonably practicable, a working environment that is safe and without risks to health.

An employer that allows bullying to occur in the workplace is not meeting this responsibility.

Employees who are bullied can take legal action against their employer for a breach of implied duty of trust.

Policies and procedures

Like all workplaces, general practices should have policies and procedures which can control the risk of workplace bullying and harassment. Having a policy which is regularly reviewed and updated explains the clear standards of behaviour to minimise the risk of inappropriate behaviour. Having agreed procedures will assist the employer to take a consistent and fair approach to resolving issues.

While employers and managers have a duty to ensure staff are educated in the policy, staff are responsible for adhering to the standards set in the policy.

Remember, everyone in the practice has a duty to contribute to a healthy work environment and maintain appropriate standards of patient care. The health and safety of team members and patients includes treating all individuals with respect and dignity.

Policies must:

- Be endorsed and regularly monitored and reviewed by senior management.
- Clearly define workplace bullying and harassment.
- Provide a safe procedure for reporting unacceptable behaviours.

POLICY CHECKLIST

- ✓ Definition of bullying and harassment
- ✓ Examples of bullying and harassment
- ✓ Statement of zero tolerance approach to bullying and harassment
- ✓ Standards of behaviour
- ✓ Employer responsibilities
- ✓ Manager and supervisor responsibilities
- ✓ Employee responsibilities
- ✓ Procedure for dealing with workplace bullying and harassment

A recent paper from the Governance Institute of Australia provides a comprehensive list of the types and purposes of workplace policies that every organisation should have in place.¹⁶

It also lists how employers can minimise their liability in terms of workplace contracts.

EMPLOYER RESPONSIBILITIES

- Zero tolerance approach to workplace bullying and harassment.
- Endorse, promote and review workplace anti-bullying policies, irrespective of the number of employees in a practice team.
- Action and resolve complaints.
- Ensure employees are regularly educated regarding the requirements of the policies and promptly informed of updates.

MANAGER OR SUPERVISOR RESPONSIBILITIES

- Zero tolerance approach to workplace bullying and harassment.
- Ensure staff members are educated on their obligations under the workplace policy.
- Role-model appropriate standards of behaviour.

- Take complaints of bullying and harassment seriously.
- Be proactive in preventing and promptly dealing with issues.
- Implement workplace policy and procedures. Responses should be appropriate to the seriousness of the issue.

EMPLOYEE RESPONSIBILITIES

- Zero tolerance approach to workplace bullying and harassment.
- Awareness of anti-bullying policies, including updates.
- Take reasonable care for their own health and safety as well as the health and safety of others who may be affected by their behaviour in the workplace.

“General practices should have policies and procedures which can control the risk of workplace bullying and harassment. Having a policy which is regularly reviewed and updated explains the clear standards of behaviour to minimise the risk of inappropriate behaviour.”

Education and training

General practice employers have a responsibility to provide education and training to medical students, GP registrars, doctors and other staff to assist in the recognition and resolution of issues related to bullying and harassment. The training should be included in the staff induction and include:

- Appropriate behaviour, resilience, performing under pressure.
- How to speak up when bullied or harassed.
- The link between appropriate behaviour, safe working environment and patient safety.

Specific training on how to respond to complaints of bullying and harassment should be provided to employees who have a role in workplace procedure. For example, managers and health and safety representatives.

Early intervention

Early intervention is the best solution to dealing with workplace bullying and harassment. Employers, supervisors and managers, and staff should understand inappropriate behaviour needs to be dealt with as soon as possible. Not responding to the matter may contribute to a working environment with a risk to health and safety, or result in legal action.

The steps that can be taken are:

1. Self management – an informal approach: the person who experiences unwelcome, negative behaviour calmly and professionally explains the impact of the behaviour to the perpetrator, and asks for the behaviour to stop.
2. Formal approach – a report should be made if the behaviour continues or gets worse. Reporting assists employers to take prompt action to address the issue and assess whether prevention methods are working.

Investigation

A confidential and fair investigation helps determine what has happened and the appropriate course of action. The general practice should have an experienced and trained person dealing with investigations. This person needs to suspend judgment and remain impartial.

The complainant, respondent, and any witnesses or other relevant parties should be interviewed separately and their statements documented.

The person conducting the investigation should:

- Maintain confidentiality.
- Remain impartial.
- Examine matters in a timely way.
- Identify and speak to all relevant parties.
- Inform relevant parties of the investigation results and outcome.

At the end of the investigation a report should be submitted and the key findings communicated in a sensitive way to the complainant and respondent.

6. Taking action

What to do if you are bullied

- Check your workplace bullying and complaint policy and procedures. It should provide tiered response strategies aimed at early intervention and resolution.
- Document threats or actions taken by the bully. (Include who was present, where and when the action/threat occurred, if/how you tried to stop the behaviour, what happened and how it made you feel).
- Seek support from other workers, your supervisor or health and safety representative.
- If you feel safe and confident, you can approach the bully and tell them that their behaviour is unwanted and unacceptable.
- If the situation doesn't resolve, consider a formal complaint under the employer's bullying and harassment policy.
- Seek advice on options and rights from a peer network, colleagues, the local AMA, state WorkSafe branch, Fair Work Ombudsman, or the Australian Human Rights Commission.

What to do if you are accused of bullying

- If the complainant approaches you directly to discuss the matter, consider if you are comfortable to engage in the conversation alone or suggest/agree to having a third party present.
- Ensure the location and timing of the conversation is appropriate.
- Listen to the complainant and try to understand their feelings and perspective of the situation or your behaviour.
- Avoid engaging in a debate or argument.
- Speak calmly and politely.
- Discuss how you can work together to resolve the situation.
- If the conversation has caught you by surprise, you may need to ask for a break to consider your response.
- Document the conversation.
- Seek appropriate advice early.





Supportive bystander

If you witness bullying and harassment you can support the victim by:

- Standing close to them.
- Making it clear that bullying is unacceptable.
- Suggest the victim seek help and accompany them.
- Report the behaviour to someone in authority, or if necessary the police.
- Document what you witnessed.

Bystander wellbeing

It is important for bystanders to support the victim and/or report the behaviour, for their own health also. Studies have shown that bystanding to workplace bullying is related to future depressive symptoms.¹⁷ Not only the targets of bullying, but also bystanders, suffer when someone is bullied in the workplace.¹⁸

Responding to reports of workplace bullying

Effectively responding to issues when they are raised can stop the situation happening again and reinforce to workers that workplace bullying is treated seriously and consistently by the organisation.¹⁹ The following table sets out the principles that should be applied when handling reports of workplace bullying.

RESPONDING TO WORKPLACE BULLYING

Response	Measure
Act promptly	Reports should be responded to quickly, reasonably and within established timelines. Relevant parties should be advised of how long it will likely take to respond to the report and should be kept informed of the progress to provide reassurance the report has not been forgotten or ignored.
Treat all matters seriously	All reports should be taken seriously and assessed on their merits and facts.
Maintain confidentiality	The confidentiality of all parties involved should be maintained. Details of the matter should only be known by those directly concerned.
Ensure procedural fairness	The person who is alleged to have perpetrated the bullying behaviour should be treated as innocent unless the allegations are proven to be true. Allegations must be put to the person they are made against and they must be given a chance to explain his or her version of events.
	The opportunity to have decisions reviewed should be explained to all parties.
Be neutral	Impartiality towards everyone involved is critical. This includes the way people are treated throughout the process. The person responding to the report should not have been directly involved and they should also avoid personal or professional bias.
Support all parties	Once a report has been made, the parties involved should be told what support is available, for example employee assistance programs, and allowed a support person to be present at interviews or meetings. For example, health and safety representative, union representative or work colleague.
Do not victimise	It is important to ensure anyone who reports workplace bullying is not victimised for doing so. The person accused of workplace bullying and witnesses should also be protected from victimisation.
Communicate process and outcomes	All parties should be informed of the process, how long it will take and what they can expect will happen during and at the end of the process. Should the process be delayed for any reason, all parties should be made aware of the delay and advised when the process is expected to resume. Finally, reasons for actions that have been taken and in some circumstances not taken should be explained to the parties.
Keep records	<p>The following should be recorded:</p> <ul style="list-style-type: none"> • The person who made the report. • When the report was made. • To whom the report was made. • the details of the issue reported • action taken to respond to the issue • any further action required – what, when and by whom. <p>Records should also be made of conversations, meetings and interviews detailing who was present and the agreed outcomes.</p>

7. How to avoid the perception of bullying

Supervisors, managers or employers may worry that giving feedback or managing performance by staff could be deemed as bullying. However, feedback, performance management or teaching in an appropriate manner is not bullying.

Occasional differences of opinion or isolated problems are not workplace bullying, provided everyone involved has behaved in a professional and respectful manner.

Remember to remain professional and treat everyone with the respect you wish yourself or your family to be treated.

For example:

- Introduce yourself and others to new employees.
- Be courteous and calm.
- Think about your tone of voice and what you say.
- Be polite – say please and thank you.
- Be helpful.
- Be supportive and co-operative.
- Remain professional even when you feel stressed, tired, angry or anxious.
- Give praise where it is due.
- Clearly communicate performance standards.
- Provide negative feedback in a constructive manner.

- When things go wrong, take the time to reflect on your actions, as well as those around you.
- Communicate your intentions clearly, constructively and calmly. Don't assume others are aware of what is going on with you or the situation at hand.
Comply to generally accepted practice standards.
- Respond to calls or requests for information as soon as possible.
Share relevant information.
- Allocate relevant and appropriate work.
- Role-model appropriate behaviour.
- Self-audit your behaviour.

How to self-audit your behaviour

Personal reflection on your situation or behaviour will help you to:

- Define a problem.
- Consider whether your behaviour can be perceived as bullying.
- Consider whether your behaviour falls into the category of bullying.
- Identify options for resolution.
- Identify what resources are available to you.

Checklist

A self-audit checklist is a useful tool to reflect on your behaviour or situation. It does not need to be recorded or shared with anyone else unless you choose to do so.

Here are some questions you may ask yourself.

- Would other people consider my behaviour to be offensive, humiliating or threatening?
- Is this behaviour repetitive?
- Can my communication style be perceived as offensive, humiliating or threatening?
- Can the tone or volume of my voice be perceived as offensive, humiliating or threatening?
- Can my body language be perceived as offensive, humiliating or threatening?
- Can the way I interact with staff be perceived as offensive, humiliating or threatening?
- When I feel stressed, annoyed or anxious, do I behave in a way that can offend, humiliate or offend others?
- Can my management style be perceived as offensive, humiliating or threatening?
- Is the way I provide feedback on work performance unreasonable or could it be perceived as overly critical?
- Could the expectations I have of others people's work performance be perceived as impossible to achieve?
- Have I excluded anyone from meetings or essential information?
- Have I been accused of bullying in the past?
- Can I resolve the situation by speaking to the person directly?
- Should I seek support from my employer, supervisor, or an external organisation?

8. Psychosocial risk factors

There are a number of statistically proven factors which contribute to predictable increases and declines in bullying compensation claims. Industries where emotional demands, emotional exhaustion, threats of physical assault and depression are present increases bullying claim rates significantly.

However, the same is true for the presence of psychosocial workplace factors that reduce bullying claim rates including where:

- Senior management act quickly to correct psychological health hazards.
- Senior management is committed to supporting stress prevention.
- Senior management acts decisively to aid concerns for an employee’s psychological condition.

What has mental health got to do with it?

Workplace bullying is a significant predictor for subsequent mental health problems, including depressive-, anxiety-, and PTSD symptoms and other stress-related complaints.²⁰

There is also a significant reversed relationship between mental health complaints at baseline and exposure to workplace bullying later in time (that is, mental health complaints predicting exposure to workplace bullying).²¹

Psychosocial Risk Factors (AWB)	Bullying Claim Rates (Safework)
1. Emotional demands	.60**
2. Emotional exhaustion	.54*
3. Senior management is committed to supporting stress prevention †	-.50*
4. Physical demands	-.48*
5. Macro-decision latitude	-.48*
6. Senior management acts decisively to aid concerns for an employee’s psychological condition †	-.46*
7. Threats of physical assault (harassment)	.45*
8. Senior management acts quickly to correct psychological health hazards †	-.44*
9. Depression	.42*

† Psychosocial Safety Climate (PSC): Subscale for Management Commitment (3 items)

Note: *p < .05, **/ < .01. N = 17 industries. Data comes from latest Safework claim rates from 2009 - 2010 and Time One data from the AWB (commencing from 2009).

9. No excuses

All general practice employers, doctors and training doctors and supervisors must show leadership and model the behaviours required by the standards of the profession.

Everyone in the general practice team has a duty to ensure workplace bullying and harassment does not happen.

Workplace policies alone are not enough – they must be communicated, enforced, monitored and acted upon.

What can I do if I continue to be bullied and the behaviour is not addressed by my employer?

Employees can make an application to the Fair Work Commission, which if upheld will issue an order to stop workplace bullying. To see if you are eligible to apply for this you can complete an online quiz on the Fair Work Commission website: <https://www.fwc.gov.au/issues-we-help/bullying/what-do-if-youre-bullied-work/who-can-apply-stop-bullying/check-eligibility>



ZERO TOLERANCE:

Bullying, Harassment and Discrimination

Welcome to the Team!

This practice is committed to a harmonious, respectful, accountable and productive work environment.

That means we want you to:

- Enjoy coming to work every morning.
- Be part of and contribute to the team positively.
- Feel safe and uphold the right of others to feel safe in this place.
- Understand the difference between bullying, harassment, discrimination and performance management.
- Understand your obligations to report bullying, harassment and discrimination.
- Be happy!



Appendix 2: Incident Reporting Form: Bullying and Harassment

INCIDENT REPORT FORM – BULLYING AND HARASSMENT

Name (person reporting)	
Contact number	
Work section	
Date of incident/s	
What happened?	(Describe incident/s and/or behaviour/s)
Was physical force or threats to use physical force involved?	Please describe:
Did this happen to you or to someone else?	
Was anyone else involved?	If so, who?
Were there any witnesses?	If so, who?
How often has this happened?	
Describe what happened immediately before the incident?	
Was any action taken at the time?	If yes, explain:

Example interview record for bullying and violence from inside the workplace

EMPLOYEE DETAILS

Name:	
Position:	
Work location:	
Contact number:	
Date and time of interview:	
Interviewer:	
Contact number:	

I have read this document and agree this summary is a true and accurate record of my interview.

Signature:	Date:
Witness present:	

SUMMARY OF INCIDENT DETAILS

Brief summary of incident/s and facts presented to interviewee:	
Response by interviewee to information provided:	
Background information additional to incident/s	
Was any disciplinary action taken after the incident/s?	
What effect has the incident had on the interviewee?	
Has the type of incident occurred before or since?	
What action is being sought by the interviewee?	

Further resources and reading

- Bullying, Harassment and Discrimination Policy Template for General Practices
- Joan Burns, GPSA Senior Policy Advisor, 'Bullying, Harassment and Discrimination in Medicine – Recent History'
- 'Bullying and Harassment – Employee Entitlements', Australian Government Fair Work Ombudsman. <https://www.fairwork.gov.au>
- 'Workplace Bullying: Violence, Harassment and Bullying Fact Sheet', Australian Human Rights Commission. <https://www.humanrights.gov.au/our-work/employers/workplace-bullying-violence-harassment-and-bullying-fact-sheet>
- David AK Watters and David J Hillis, 'Discrimination, Bullying and Sexual Harassment: Where Next for Medical Leadership?' Medical Journal Australia, Vol 203, no. 4, 2015, pg 175. <https://www.mja.com.au/journal/2015/203/4/discrimination-bullying-and-sexual-harassment-where-next-medical-leadership>
- Michael J Hollands, 'Bullying and Harassment: Can We Solve the Problem?' Medical Journal Australia, Vol 203, no. 4, pg 192. <https://www.mja.com.au/journal/2015/203/4/bullying-and-harassment-can-we-solve-problem>
- Royal Australasian College of Surgeons, 'Action Plan on Discrimination, Bullying, and Sexual Harassment in the Practice of Surgery - Building Respect, Improving Patient Safety'. <https://www.surgeons.org/about-racs/about-respect/what-we-have-done/our-action-plan>
- British Medical Association, 'Promoting a positive working environment'. <https://www.bma.org.uk/advice/work-life-support/your-wellbeing/promoting-a-positive-working-environment>
- Workplace discrimination and harassment policy template, Australian Human Rights Commission. <https://www.humanrights.gov.au/employers/good-practice-good-business-factsheets/workplace-discrimination-and-harassment-policy>



References

1. Bullying & Harassment in Australian Workplaces: Results from the Australian Workplace Barometer Project 2014/15, pg21. <https://www.safeworkaustralia.gov.au/system/files/documents/1705/bullying-and-harassment-in-australian-workplaces-australian-workplace-barometer-results.pdf> (accessed May 2018)
2. Bullying & Harassment in Australian Workplaces: Results from the Australian Workplace Barometer Project 2014/15, pg21. <https://www.safeworkaustralia.gov.au/system/files/documents/1705/bullying-and-harassment-in-australian-workplaces-australian-workplace-barometer-results.pdf> (accessed May 2018)
3. Bullying & Harassment in Australian Workplaces: Results from the Australian Workplace Barometer Project 2014/15, pg29. <https://www.safeworkaustralia.gov.au/system/files/documents/1705/bullying-and-harassment-in-australian-workplaces-australian-workplace-barometer-results.pdf> (accessed May 2018)
4. K Farouque and E Burgio, 'The Impact of Bullying in Healthcare', Royal Australian College of Medical Administrators Quarterly, 2013 http://racma.edu.au/index.php?option=com_content&view=article&id=634&Itemid=362 (accessed May 2018)
5. Minal Mistry and Javed Latoo, 'Bullying: A Growing Workplace Menace', British Journal of Medical Practitioners, 2009: 2(1) pg 23-26
6. The Joint Commission, 'Behaviours that Undermine a Culture of Safety', Sentinel Event Alert, Issue 40, July 9, 2008, pg 1. https://www.jointcommission.org/sentinel_event_alert_issue_40_behaviors_that_undermine_a_culture_of_safety/ (accessed May 2018)
7. The Parliament of the Commonwealth of Australia, House of Representatives Standing Committee on Education and Employment, 'Workplace Bullying: We Just Want it to Stop', October 2012, pg 10. https://www.aph.gov.au/parliamentary_business/committees/house_of_representatives_committees?url=ee/bullying/report.htm (accessed May 2018)
8. Australian Government Productivity Commission, 'Performance Benchmarking of Australian Business Regulation: Occupational Health and Safety', March 2010. <http://www.pc.gov.au/inquiries/completed/regulation-benchmarking-ohs/report/ohs-report.pdf> (accessed May 2016)
9. K Farouque and E Burgio, 'The Impact of Bullying in Healthcare', Royal Australian College of Medical Administrators Quarterly, 2013. http://racma.edu.au/index.php?option=com_content&view=article&id=634&Itemid=362 (accessed May 2018)
10. Deborah A Askew, Philip J Schluter, Marie-Louise Dick, et al. 'Bullying in the Australian Medical Workforce: Cross-sectional Data from an Australian e-Cohort Study.' Australian Health Review 2012; 36: pg 197-204. <https://www.ncbi.nlm.nih.gov/pubmed/22624642> (accessed May 2016)
11. Australian Medical Association. 'Position Statement on Workplace Bullying and Harassment', 2009 revised 2015. <https://www.ama.com.au/position-statement/workplace-bullying-and-harassment> (accessed May 2016).
12. Deborah A Askew, Philip J Schluter, and Marie-Louise Dick, 'What's It Got To Do With General Practice?', Australian Family Physician, Volume 42, No. 4, April 2013, pg 186-188. <https://www.racgp.org.au/afp/2013/april/workplace-bullying/> (accessed May 2016)
13. Deborah A Askew, Philip J Schluter, Marie-Louise Dick, et al. 'Bullying in the Australian Medical Workforce: Cross-sectional Data from an Australian e-Cohort Study,' Australian Health Review 2012, 36: pg 197-204. <http://www.publish.csiro.au/ah/Fulltext/ah11048> (accessed May 2016)
14. Australian Medical Association. 'Position Statement on Workplace Bullying and Harassment', 2009 revised 2015. <https://ama.com.au/position-statement/workplace-bullying-and-harassment> (accessed May 2016).
15. Fair Work Commission, 'Resolving Issues, Disputes and Dismissals', July 8, 2014. <https://www.fairwork.gov.au/tools-and-resources/best-practice-guides/effective-dispute-resolution> (accessed May 2018)
16. A Raleigh and BR Hogan, 'The Necessity of Having Effective Workplace Policies: Potential Risks for Employers', Governance Directions 2016; 68(4): pg 211-215. <http://www.brhlawyers.com.au/news/the-necessity-of-having-effective-workplace-policies-potential-risk-for-employers/> (accessed May 2016)
17. R Emdad, A Alipour, J Hagberg, IB Jensen, NCBI, 'The impact of bystanding to workplace bullying on symptoms of depression among women and men in industry in Sweden: an empirical and theoretical longitudinal study', August 2013, 86(6): pg 709-16. Search PubMed /NCBI <http://www.ncbi.nlm.nih.gov/pubmed/22940902> (accessed May 2018)
18. MA Vartia, 'Consequences of Workplace Bullying with Respect to the Well-being of its Targets and the Observers of Bullying', February 2001, 27(1): pg 63-9. Search PubMed /NCBI <http://www.ncbi.nlm.nih.gov/pubmed/11266149> (accessed May 2018)
19. Safe Work Australia, 'Preventing and Responding to Workplace Bullying', November 2013. <https://www.safeworkaustralia.gov.au/doc/guide-preventing-and-responding-workplace-bullying> (accessed May 2016)
20. Bart Verkuil, Serpil Atasayi and Marc L Molendijk, 'Workplace Bullying and Mental Health: A Meta-Analysis on Cross-sectional and Longitudinal Data', August 25, 2015, PLoS One, 10(8): e0135225. <http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0135225> (accessed May 2018)
21. Bart Verkuil, Serpil Atasayi and Marc L Molendijk, 'Workplace Bullying and Mental Health: A Meta-Analysis on Cross-sectional and Longitudinal Data', August 25, 2015, PLoS One, 10(8): e0135225. <http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0135225> (accessed May 2018)



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