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# *Bullying and Harassment in the Health Sector*

## Tabled 23 March 2016

The Auditor-General provides assurance to Parliament on the accountability and performance of the Victorian Public Sector. The Auditor-General conducts financial audits and performance audits, and reports on the results of these audits to Parliament.

On 23 March 2016, the Auditor-General tabled his performance audit report, *Bullying and Harassment in the Health Sector*.

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# Workplace bullying and harassment

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Repeated and unreasonable behaviour that is directed towards a worker or a group of workers that creates a risk to health and safety.

So what is workplace bullying? We used the SafeWork Australia's definition of workplace bullying which states that it is repeated and unreasonable behaviour that's directed towards a worker or a group of workers that creates a risk to health and safety.

It is important to note that it sits towards the extreme end of a continuum of inappropriate workplace behaviour. Research has shown that workplace conflict or minor inappropriate behaviours can easily escalate into bullying or harassment.

This audit focuses on inappropriate workplace behaviour more broadly, which includes bullying and harassment.

# Overview

This audit examined the effectiveness of the health sector in preventing and responding to inappropriate behaviour including bullying and harassment.

The audit found that:

- insufficient priority, leadership and accountability is being given to the risk of inappropriate behaviour
- key controls for preventing and respond to bullying and harassment are inadequately implemented, missing or poorly coordinated
- stronger sector-wide leadership is needed.

In summary the audit found that:

- there's insufficient priority, leadership and accountability in health sector agencies in addressing the risk of bullying and harassment
- key controls are either inadequately implemented or missing, including effective early intervention and formal complaints processes
- the inability of health sector agencies to effectively prevent or respond to high levels of inappropriate behaviour, means there's a need for stronger sector-wide leadership and guidance for the health sector that's consistently implemented.

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# Background

- Bullying and harassment has serious individual, organisational and patient safety impacts.
- Occupational health and safety (OHS) legislation places duties on employers to eliminate or minimise health and safety risks in the workplace.

Three large studies indicate concerning prevalence

**Health workers who report experiencing bullying at work**

| 25 % all health workers | 40 % nursing professionals | 39 % surgeons | 54 % trainee surgeons |
|---|---|---|---|
| in Victoria | | in Australia and New Zealand | |

Bullying and harassment can have serious social, health and economic consequences—for those immediately involved and for the health sector more generally. These include:

- effects on individuals' mental and physical wellbeing;
- quality of patient care and outcomes; and
- economic costs to the healthcare profession.

It is difficult to accurately determine prevalence because of poor reporting. However, results of self-reported experiences of bullying are sufficiently consistent across research studies to indicate a concerning problem.

For example, two surveys in Victoria found that 25 per cent of health workers and 40 per cent of nursing professionals, who responded to the surveys, reported that they had experienced bullying in the last 12 months.

Additionally, in one survey across Australia and New Zealand, 39 per cent of surgeons, and 54 per cent of trainee surgeons who responded, reported experiencing bullying in their career.

These results are a concern given the health sector is the largest public sector employer and that occupational health and safety (OHS) legislation obligates employers to eliminate or minimise these risks.

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# Focus of this audit

## Audit scope:

- To examine the effectiveness of the health sector in preventing and responding to inappropriate behaviour including bullying and harassment

## Agencies examined:

| Health sector agencies | Sector leaders |
|---|---|
| • Four health services<br>• Ambulance Victoria | • Department of Health & Human Services (DHHS)<br>• WorkSafe<br>• Victorian Public Sector Commission (VPSC) |

This audit examined the effectiveness of health sector agencies' controls to prevent and respond to inappropriate behaviour including bullying and harassment.

We examined four health services, Ambulance Victoria, the Department of Health & Human Services (DHHS) – as the system manager, WorkSafe – as the regulator and the Victorian Public Sector Commission (VPSC), which is responsible for public sector improvement.

All, with the exception of the VPSC, have a role to play in supporting the health sector to fulfil their responsibilities under the OHS Act to eliminate or minimise health and safety risks.

In terms of our approach, we conducted site visits at five health sector agencies, and we examined health sector agencies' controls and conducted extensive interviews and focus groups involving over 130 employees.

We also undertook a public submission process, which generated 82 submissions.

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## ▌ Poor workplace culture

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- **Insufficient priority and accountability** given to managing risk of bullying and harassment.
- **Poor understanding by leadership** of prevalence, impact and causes of bullying and harassment.
- **Under reporting** due to widespread fear, resignation and normalisation of poor behaviour by staff.

Indications point to a poor culture where bullying and harassment are either accepted or poorly dealt with.

The audit found there were clear problems with the culture of health sector agencies in relation to inappropriate behaviour.

Indications of poor culture included:

- that boards and executive teams of the audited agencies do not prioritise and are not accountable for effectively managing this risk;
- the failure by the health sector leadership to understand the prevalence, impact or causes of bullying because data reported to them is either absent or unreliable; and
- widespread fear, resignation and normalisation of poor behaviour by staff leading to extensive under-reporting.

These factors all combine to hide and deny the risk. If boards and leaders do not take this risk seriously and ensure a positive culture is in place, nothing is likely to change.

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# Ineffective prevention

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Policies and procedures are inadequate, not understood or complied with by staff, or consistently enforced.

Training is inadequate—ad hoc, superficial and not mandatory.

Ineffective prevention leads to escalation of poor behaviour and further undermines workplace culture.

Policies, procedures and training to recognise and respond to inappropriate behaviours are key elements that can contribute to a positive culture.

However, health sector agencies' policies and procedures are not effective as they are ambiguous, have significant gaps, and are not understood or complied with by staff.

Training is similarly inadequate because it is ad hoc, superficial and not mandatory.

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# Inadequate response

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Early intervention by line managers is inadequate, trust in this process is low and line manager capability is limited.

Formal complaints processes are deficient.

Inadequate organisational response means that there is limited consequences for inappropriate behaviour resulting in low trust and poor culture.

Early resolution of issues before they become more serious or damaging, or escalate into more serious bullying incidents, is critical for successfully responding to inappropriate behaviour.

We found that early intervention by line managers was inadequate, trust in this process is low and that line managers lack sufficient capability in this area.

None of the audited agencies systematically respond to formal bullying and harassment complaints. There were extensive deficiencies at each step in the process and formal complaints are not receiving the priority or attention they demand.

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# Poor leadership and collaboration

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Guidance provided by DHHS, WorkSafe and VPSC to the health sector is inadequate.

Collaboration and sharing of data and knowledge is poor between key sector wide agencies.

**Stronger sector-wide leadership is needed to support improved management of this risk across the health sector.**

Given these challenges, strong sector-wide leadership from DHHS and WorkSafe is needed to support the health sector to better prevent and manage inappropriate behaviours.

However, guidance provided by DHHS, Worksafe and VPSC has not been sufficiently tailored to the health sector and the challenges a hospital environment can pose.

There is also poor collaboration between the key sector-wide agencies, DHHS, WorkSafe and VPSC. The limited exchange of information between these agencies, and poor pooling of knowledge represents a missed opportunity to support health services reduce the risks of bullying and harassment.

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# Key recommendations

| | Accept |
|---|:---:|
| That health sector agencies: | |
| • improve governance, and demonstrate active oversight, leadership and improvement in the management of this risk | ✓ |
| • implement a comprehensive approach which is supported by improved training and capability across the agency | ✓ |
| • ensure an effective and trusted early and formal response system is in place | ✓ |

In total we made 16 recommendations. The recommendations can be read in full at the end of the Audit Summary in the report.

We made 12 recommendations to health sector agencies that focused on:

- improving governance and oversight of this issue by boards and senior health service leadership;

- implementing a comprehensive approach which is supported by improved capability including training; and

- ensuring an effective formal response system is in place.

# Recommendations – *continued*

| | Accept |
|---|---|
| That WorkSafe, DHHS and VPSC: | |
| • provide stronger sector-wide leadership to support the health sector to adopt consistent better practice in addressing this risk. | ✓ |

We also made four recommendations to sector-wide agencies that focused on providing stronger sector-wide leadership to support the health sector better address this risk.

It is encouraging that all agencies have accepted our recommendations and that the Australian Medical Association of Victoria's recently released strategy to address widespread bullying, discrimination and harassment in Victoria's health system represents a true step towards strengthening the sector's response to this issue.

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# Key messages

**Indications point to a poor workplace culture where bullying and harassment is either accepted or poorly dealt with.**

**Ineffective prevention leads to escalation of poor behaviour and further undermines workplace culture.**

**Inadequate organisational response means that there are limited consequences for inappropriate behaviour, which further perpetuates low trust and poor culture.**

**Stronger sector wide leadership is needed to support improved management of this risk across the health sector.**

In summary the key messages are that:

- The available indicators point to a poor workplace culture where bullying and harassment is either accepted or poorly dealt with.

- Ineffective prevention leads to escalation of poor behaviour.

- Inadequate organisational response means that there are limited consequences for inappropriate behaviour, which further perpetuates low trust and poor culture.

- Stronger sector-wide leadership is needed to support improved management of this risk across the health sector.

# Overall message

> **Greater leadership and sustained commitment is required from health sector leaders to build a positive workplace culture and consistently enforce it through effective responses to inappropriate behaviour, bullying and harassment.**

Our overall message is that greater leadership and sustained commitment is required from health sector leaders to build a positive culture through effectively responding to inappropriate behaviour and bullying and harassment.

# Relevant audits

- *Occupational Health and Safety Risk in Public Hospitals*  (2013–14)

- *Occupational Violence against Healthcare Workers* (2014–15)

- *Patient Safety in Victorian Hospitals* (2015–16)

Relevant audits are listed on this slide.

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## ▌ Contact details

For further information on this presentation please contact:

Victorian Auditor-General's Office
[p] 8601 7000
[w] www.audit.vic.gov.au/contact_us.aspx

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