



Resource Document 22 (2011)

## **WELFARE OF ANAESTHETISTS SPECIAL INTEREST GROUP**

### **BULLYING AND HARASSMENT**

#### **INTRODUCTION**

Bullying is generally defined and recognised as any repeated unreasonable behaviour, directed toward a person or group of people, which creates a risk to health and safety.

It is “behaviour that intimidates, offends, degrades, insults or humiliates a person, including physical and/or psychological behaviour”.

Bullying is conduct which breaches the obligation of an employer to provide a safe workplace.

Bullying is an endemic issue in the Australian workplace. The full cost of workplace bullying and lost productivity in absenteeism is difficult to quantify, but some Australian-wide estimates have placed it at up to a staggering \$26 billion per year.

#### **BULLYING**

Examples include:

- physical abuse;
- verbal abuse and humiliation;
- written abuse (eg via email, internet, instant messaging, the use of social networking programs, and texting);
- initiation pranks;
- displaying written or pictorial material which degrades or offends.
- intimidation

However many bullying tactics are not as obvious, but are clearly intended to have the same effect, (of offending, degrading or humiliating others).

Examples of indirect forms of bullying include:

- repeated sarcasm and belittling a person’s opinions;
- constant unjustified criticism, insults, persistent nit-picking;
- setting impossible work expectations or deadlines;
- changing work rosters to inconvenience others deliberately;
- deliberately delaying and withholding information or resources;
- constantly singling out a person, and targeting him or her for practical jokes or gossip;
- deliberately ostracising, isolating, excluding, or ignoring.
- stalking another person (physically or via the internet)

(also see RD 25)

Some aspects of the behaviour generally characterised as bullying can attract criminal sanctions.

#### **SEXUAL HARASSMENT**



Sexual harassment is generally defined as unwelcome conduct of a sexual nature which offends, humiliates, or intimidates the person towards whom it is directed, regardless of intent.

This excludes conduct occurring within a relationship of mutual attraction, such as friendships (sexual or otherwise), which are private concerns.

Sexual harassment may occur on just one occasion, or on a series of occasions, and within or outside the workplace.

Examples of sexual harassment include:

- offensive jokes, innuendo, or verbal abuse;
- distribution or display of offensive material;
- lewd comments;
- persistent questioning about a person's private life;
- unwelcome physical conduct or contact;
- unwelcome requests for sexual favours;
- unsolicited propositions and advances of a sexual nature;
- unsolicited phone calls of an offensive and/or sexual nature; and
- threats of sexual activity.

Always endeavour to find a chaperon if you are examining a patient (of either sex) who might accuse you unjustly of abuse of a sexual nature.

## **OBSERVATIONS ON BULLYING**

Bullies are often not aware of the nature of their conduct. When confronted with adverse findings arising from an investigation into their behaviour, they may not appreciate or accept the judgment of the investigator. Quite often they will assert that the investigation processes constitutes bullying of them, and they may well leave the workplace under a stress claim. The intention of the bully in his or her behaviour is irrelevant to whether or not bullying has occurred. Bullies are often motivated by the best of intentions, with the worst of delivery.

Bullying is an abuse of power. Those who bully do so because they can. While there are cases of upward bullying, generally bullies pick on those who lack power. As a senior doctor, never underestimate the effect of your behaviour on those in your team who have less power. A whisper from you at the top of the tree is heard as a shout by the powerless. Bullying by senior doctors of junior doctors still occurs, and may be part of the (ancient and endemic) culture in some disciplines.

Never assume, as a senior doctor, in your interaction with another, more junior doctor, that he or she has any degree of robustness or resilience. None of us is bulletproof, and your behaviour may be the straw that breaks the camel's back. The unintended consequences of your behaviour may live with you for the rest of your life.

## **DUTIES OF EMPLOYERS AND SUPERVISORS**

All employers have statutory obligations to provide a working environment that is safe and without risks. Policies and processes to deal with bullying should be established.

The Australian Federal Government is moving towards a national occupational health and safety regime. It will be an amalgam of the existing state and territory legislation, drawing, one expects, from the strictest aspects of each.

The Occupational Health and Safety Act 2004 (Vic) has significantly increased the personal exposure of officers (directors, board members, senior managers) and employers to fines and imprisonment for breaches of



occupational health and safety laws – including bullying. Thus, as a supervisor, you may have increased personal liability.

Occupational Health and Safety legislation places employers under a clear duty to deal with these issues, therefore bullying issues will mostly be matters dealt with in the workplace (hospitals or other facilities). Relevant legislation also includes the Equal Opportunity Act 1995 (Vic) and the national Work Health and Safety Act.

Hospitals seeking ANZCA approval for vocational training in anaesthesia must have in place a policy on bullying and harassment that pertains to trainees (ANZCA Professional Document TE1).

Supervisors and managers must ensure that the principles and practices of the legislation are complied with in their areas of responsibility. Acts of bullying constitute serious misconduct, which may be grounds for summary termination of employment, and/or removal from any ANZCA or other appointed position.

### **REPORTING BULLYING AND HARRASSMENT**

If you believe that you are being bullied, then you should report it. Seek advice and support from your mentor(s), your SOT, your trusted colleague or peer, and/or others in your support network. If you don't stand up to the bully, who will?

All workers are expected to take steps to identify and eliminate unlawful bullying and harassment in the workplace. Staff members are encouraged to report any bullying behaviour to their supervisor or manager. The staff member's supervisor or manager should investigate the incident, and should coordinate the resolution of the issue.

All reports of unlawful bullying and harassment should be reported, treated seriously, and acted upon in a timely manner.

The following procedure should be followed where anyone has concerns about unlawful bullying or harassment in the workplace:

- The person who is making the complaint (Complainant) is encouraged, where appropriate, to raise his/her concerns with the person against whom the allegations are made (if that has not already been done). The complainant should make it clear to the bully that his or her behaviour is unacceptable.
- If the Complainant does not feel able to do this, then she or he should request assistance from the supervisor or line manager, or, if the complaint relates to that supervisor or manager, then to the relevant human resources officer in his/her institution.
- The employer may then investigate the Complainant's allegations and coordinate the resolution of the issue.

If a complaint of bullying or harassment is substantiated, disciplinary action may be taken.

Employees should not feel restricted from seeking external assistance from the appropriate governmental body (such as the Victorian Equal Opportunity and Human Rights Commission) for confidential advice and information.

### **VICTIMISATION**

It is unlawful to victimise a person who complains of, or intends to complain of, bullying, or any witness providing information on matters relating to a complaint of bullying.



Workers who feel they have been victimised should discuss the matter with their supervisor, manager, or the relevant human resources officer.

An act of victimisation constitutes serious misconduct and may be grounds for dismissal.

Thanks to Mr Michael Gorton AM for reviewing this document.

### **Further Reading**

Australian and New Zealand College of Anaesthetists (ANZCA) [www.anzca.edu.au](http://www.anzca.edu.au)  
ANZCA Code of Professional Conduct.

Australian and New Zealand College of Anaesthetists (ANZCA) [www.anzca.edu.au](http://www.anzca.edu.au).  
Professional Document. TE1

Recommendations for hospitals seeking College approval for vocational training in anaesthesia.

Worksafe Victoria: Prevention of Bullying and Violence at work. <http://www.workcover.vic.gov.au>

Paice E, Aitken M, Houghton A, Firth-Cozens J.  
2004. Bullying among doctors in training: cross sectional questionnaire survey. BMJ Jul 15.

Welfare of Anaesthetists Special Interest Group Resource Documents (RDs)  
RD 25 The Disruptive Anaesthetist

*This Resource Document has been prepared in good faith and having regard to general circumstances and is intended for information only. It is entirely the responsibility of the practitioner as to the manner in which s/he follows this document, having express regard to the circumstances of each case, and in the application of this document in each case.*

*The information contained in this document is not intended to constitute specific medical or other professional advice. The College and Societies, their officers and employees, take no responsibility in relation to the application of use of this Resource Document in any particular circumstance.*

*The Resource Documents have been prepared having regard to the information available at the time of their preparation. They are reviewed from time to time, and it is the responsibility of the practitioner to ensure that s/he has obtained the current version. The practitioner should therefore have regard to any information, research or material which may have been published or become available subsequently.*

*Whilst the Welfare of Anaesthetists Special Interest Group endeavours to ensure that Resource Documents are as current as possible at the time of their preparation, it takes no responsibility for matters arising from changed circumstances or information or material which may have become available subsequently*

*Promulgated: 2011*

© This document is copyright; if it is reproduced in whole or in part, due acknowledgement is to be given

ACECC is a joint initiative of the Australian and New Zealand College of Anaesthetists,  
the Australian Society of Anaesthetists and the New Zealand Society of Anaesthetists.

ANZCA HOUSE 630 ST KILDA ROAD MELBOURNE VIC 3004  
Telephone: (03) 9510 6299 Facsimile: (03) 9510 6786