Types of ill-treatment

Someone withholding information
which affects your performance ✓
Pressure from someone else to do work ✓
below your level of competence ✓
Having your opinions and views ignored ✓
Someone continually checking up on you or
your work when it is NOT NECESSARY ✓
Pressure from someone else NOT to claim
something which by right you are entitled to ✓
Being given an unmanageable workload or
impossible deadlines ✓
Insight into ill-treatment in the workplace: patterns, causes and solutions

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Executive Summary

This report summarises the findings of a national study into ill-treatment in the workplace. Funded by the Economic and Social Research Council and supported by the Advisory, Conciliation and Arbitration Service (Acas), and the Equality and Human Rights Commission, the report provides an authoritative account of workplace ill-treatment in Britain.
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Using evidence drawn from nearly 4,000 in-home, face-to-face interviews and backed up by four organisational case studies, the report illustrates how workplace ill-treatment falls into three distinct categories:

- Just under half the British workforce experience unreasonable treatment at work over a two year period. Some of the more common forms of unreasonable treatment are experienced by nearly one in three, or one in four, British employees. Most unreasonable treatment originates with their managers and supervisors.

- Forty per cent of employees experience incivility or disrespect over a two year period. Managers and supervisors are the most important source of incivility and disrespect but more of this kind of ill-treatment is meted out by co-workers, and by customers and clients. The most common forms of incivility and disrespect are experienced by one in five employees.

- Violence and injury is less common than other types of ill treatment but is still experienced by the equivalent of over one million British workers. Actual physical violence, and injury as a result of aggressive and violent acts, are primarily perpetrated by non-employees.

Using first-hand experiences, witness testimony and backed up by interviews with human resources (HR) managers, trade union officials and general managers, the report illustrates how toxic workplace ill-treatment can be, both for individuals and organisations. It also identifies who is most at risk of workplace ill-treatment.

Employees with disabilities or long-term health problems, younger employees and lesbian, gay and bisexual (LGB) employees are all more likely to experience ill-treatment at work holding other factors constant. LGB employees are far more likely to experience workplace violence.

Contrary to received wisdom, it is not always the weakest employees who are on the receiving end of ill-treatment. For example, permanent staff with managerial responsibilities are more likely to experience both unreasonable treatment and workplace violence. Better-paid employees are more likely to experience unreasonable treatment. Trade union members are more likely to experience violence and injury.

Certain sizes and types of workplace are also shown to have greater levels of ill-treatment. Workplaces with more than 250 employees have a smaller risk of violence. Workers in the public sector are particularly at risk of both incivility and disrespect and violence and injury. Within the public sector, employees in health and social care, public administration and defence, and education are particularly at risk.

No matter what sector you work in, if you are in a job where you have experienced reduced control over your work, and a pace of work you think is too demanding, you are more at risk of ill treatment across the board. In addition, change in the nature of work and work-intensification are not risk factors for incivility and disrespect but they are for unreasonable treatment.

A further risk factor for ill treatment in workplaces is a general measure of the organisation that we call its FARE score. We measure it by asking employees about the attitude of their employer to treating people as individuals, putting the needs of the organisation before the needs of people, and not requiring people to compromise their principles. Organisations that score badly are much more at risk of most kinds of ill-treatment (no matter whether they are in the public sector or the private sector). Organisations that have low FARE scores may have failing leadership and/or faulty structures or processes.

The report suggests some solutions which might minimise workplace ill-treatment using the evidence from case studies and from front-line practitioners. The report has implications for workplace policies (on equalities and sickness
absence for example) as well as training and intervention strategies, particularly for managers and supervisors. The report shows that:

• conventional methods for preventing ill-treatment do not appear to be working

• interventions to deal with ill-treatment after the fact need to be more flexible

• getting to grips with ill-treatment means mandating fairness and respect throughout the management structure, building this mandate into routine processes and providing the resources and training needed to make it a success

• the proper management of sickness and absence policies can make a vital contribution to minimising ill-treatment
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Where our evidence comes from
1.0 Where our evidence comes from

Many studies of ill-treatment, often understood as bullying, have taken place in single workplaces, small groups of employers and amongst union members working in particular occupations. These studies can be very informative – for this reason we conducted four of them as part of this research – but they cannot provide representative data. This requires a representative sample of the kind used in the European Working Conditions Survey and the Irish Bullying in the Workplace Survey. The British Workplace Behaviour Survey, conducted by survey company TNS on our behalf in 2008, had a much larger sample (3979) than the EWCS, and used face-to-face interviews, rather than a telephone survey as in the Irish study. The only other British survey which is comparable to ours is the government’s own Fair Treatment at Work Survey conducted shortly after our own. Unlike the Fair Treatment Survey, we over-sampled both non-White and non-Christian respondents to make sure we could be trust any results we found related to ethnicity or religion1. Our survey also asked more detailed questions about the experience of ill-treatment than were included in the Fair Treatment Survey.

1.1 Our survey questions

Other representative surveys have asked employees about their experiences of workplace bullying and harassment. We decided not to do this after undertaking a full pilot survey (with 1000 respondents) and cognitive testing of numerous alternative survey questions in 60 in-depth interviews with samples of employees in four cities in the UK. The pilot and the cognitive testing showed us that

- People did not label all incidences of the types of ill-treatment we were interested in as bullying. Sometimes those who thought they had been bullied were in the minority reporting ill-treatment.

- People interpreted bullying in wildly different ways and it was possible that any variations in bullying measures would be the results of differences in what people called bullying rather than the underlying experiences. We also suspected there might be systematic variations, not just random ones between individuals. For example, members of particular trade unions that had done a lot of awareness raising might be more likely than non-members to use the bullying label.

- We found it was impossible to overcome these problems by specifying very detailed definitions because people did not actually read and digest them before answering. We tried four different definitions of bullying but arrived at the same conclusion in each case. Most people had made up their minds about what bullying meant to them long before they had finished reading a definition.
Insight into ill-treatment in the workplace: patterns, causes and solutions

- We decided that asking people about their exposure to ill-treatment was sufficient without asking them if they had been bullied. We used a modified form of the Negative Acts Questionnaire\(^2\) to collect the data we needed.

- The questionnaire was modified through the cognitive testing which showed us that, to make sure people understood what we were asking them, we needed to re-word some questions, drop some items, merge some and separate others. The British Workplace Behaviour Survey included 13 questions which had major or minor revisions and 4 completely new questions\(^3\).

- The 21 questions we asked are listed in charts on pages 12-13. Seven of these questions were also used in the government’s Fair Treatment at Work Survey. The chart below shows that most of these types of ill-treatment were also experienced by a majority of those who said they had been bullied at work.

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**Proportion of bullied who report each behaviour**

- Actual physical violence at work
- Being humiliated or ridiculed in connection with your work
- Being treated in a disrespectful or rude way
- Being insulted or having offensive remarks made about you
- Being given an unmanageable workload or impossible deadline
- Your employer not following proper procedures
- Pressure from someone else to do work below your level of competence

Department of Business, Innovation and Skills: Fair Treatment at Work Survey, 2008
1.2 Our case studies

Asking people questions in a survey only gets researchers so far. Survey data could provide details on patterns of ill treatment, but we needed more qualitative information to understand what the quantitative findings meant. To get this, we needed to talk to employees at length and in a less structured way than using a questionnaire. We also wanted to know what the causes of the patterns we found might be, and what solutions could be suggested. For example, what roles do HR and trade unions play in trying to help employees overcome ill-treatment? Are there some approaches to minimising ill-treatment that work in some organisations and that might work in others?

Answering these kinds of questions required access to organisations and to people who, because of their work roles, were likely to have regular contact with workers suffering ill-treatment including employees, managers, HR professionals, and trade unions. We suspected from the existing literature that we would need to know quite a lot about organisations – for example their policies and practices – to really get to grips with causes and solutions. We therefore decided to situate our qualitative research in case studies of four large employers.

By the time we were negotiating partnerships with employers, we knew from the survey (see below) that we needed to gain access to larger employers because this would give us access to organisations which employed HR professionals and had worker representation, and workplaces of the right size, and to sufficient numbers of employees of various kinds, for example those with disabilities or health problems. These were the criteria we needed to fulfil to have the best chance of finding answers to our questions and we were fortunate enough to secure the co-operation of four organisations which fitted these criteria. To protect their anonymity, and the anonymity of their employees, we have disguised their identities in our discussion of the results of the case studies (4.0 below).
Results from the British Workplace Behaviour Survey
2.0 Results from the British Workplace Behaviour Survey

Just over half of the sample experienced some kind of ill-treatment. The summary on pages 12-13 shows the percentages of employees who experienced one of the 21 types of ill-treatment in the previous two years. To make it easier to grasp the significance of these results we used factor analysis to find the best way to group them together. Factor analysis shows us how often people who reported each kind of ill-treatment reported other kinds. It produced three clusters of ill-treatment and the diagram on pages 12-13 shows us how many people in our survey fell into these three clusters.

Nearly half of the sample had experienced unreasonable treatment, 40 per cent had experienced incivility and disrespect, and 6 per cent had experienced violence in the workplace. The diagram shows, however that there was a great deal of overlap between these factors. For example, 33 per cent of the sample experienced both unreasonable treatment and incivility and disrespect. Nearly all of those who experienced violence (5 per cent of the sample) experienced both unreasonable treatment and incivility and disrespect. The remainder (1 per cent of the sample) experienced a combination of violence and incivility and disrespect.

It is important to grasp that these are nationally representative figures. Scaling up these responses shows that, even on our lowest scoring item, over 1 million British employees are injured in some way as a result of violence in the workplace.
Insight into ill-treatment in the workplace: patterns, causes and solutions

Unreasonable Treatment: 47%

Denigration & Disrespect: 40%

Violence: 6%

- 33% Crossover of Unreasonable Treatment and Denigration & Disrespect
- 1% Crossover of Denigration & Disrespect and Violence
- 5% Crossover of Unreasonable Treatment, Denigration & Disrespect and Violence
<table>
<thead>
<tr>
<th>Percentage of respondents experiencing</th>
<th>Unreasonable Treatment: Specific items</th>
</tr>
</thead>
<tbody>
<tr>
<td>Being treated unfairly compared to others in your workplace</td>
<td>14.8%</td>
</tr>
<tr>
<td>Your employer not following proper procedure</td>
<td>21.3%</td>
</tr>
<tr>
<td>Being given unmanageable workload or impossible deadlines</td>
<td>29.1%</td>
</tr>
<tr>
<td>Pressure from someone else not to claim something which by right you are entitled to</td>
<td>8.8%</td>
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<tr>
<td>Someone continually checking up on you or your work when it is not necessary</td>
<td>17.5%</td>
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<tr>
<td>Having your opinions and views ignored</td>
<td>27.0%</td>
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<tr>
<td>Pressure from someone else to do work below your level of competence</td>
<td>11.9%</td>
</tr>
<tr>
<td>Someone withholding information which affects your performance</td>
<td>14.2%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Percentage of respondents experiencing</th>
<th>Denigration &amp; Disrespect: Specific items</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feeling threatened in any way while at work</td>
<td>10.9%</td>
</tr>
<tr>
<td>Intimidating behaviour from people at work</td>
<td>13.3%</td>
</tr>
<tr>
<td>Being shouted at or someone losing their temper with you</td>
<td>23.6%</td>
</tr>
<tr>
<td>Teasing, mocking sarcasm or jokes which go too far</td>
<td>11.1%</td>
</tr>
<tr>
<td>Persistent criticism of your work or performance which is unfair</td>
<td>11.5%</td>
</tr>
<tr>
<td>Hints or signal from others that you should quit your job</td>
<td>7.2%</td>
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<tr>
<td>People excluding you from their group</td>
<td>7.8%</td>
</tr>
<tr>
<td>Being treated in a disrespectful or rude way</td>
<td>22.3%</td>
</tr>
<tr>
<td>Being insulted or having offensive remarks made about you</td>
<td>14.7%</td>
</tr>
<tr>
<td>Gossip &amp; rumours being spread about you or having allegations made against you</td>
<td>10.5%</td>
</tr>
<tr>
<td>Being humiliated or ridiculed in connection to your work</td>
<td>7.6%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Percentage of respondents experiencing</th>
<th>Violence: Specific items</th>
</tr>
</thead>
<tbody>
<tr>
<td>Injury in some way as a result of violence or aggression at work</td>
<td>3.8%</td>
</tr>
<tr>
<td>Actual violence at work</td>
<td>4.9%</td>
</tr>
</tbody>
</table>
2.1 Violence and injury at work

The data on workplace violence revealed some startling results with 41 per cent who had experienced physical assault telling us that this happened ‘now and then’, suggesting violence is far from a one-off experience. 7 per cent of those who experienced physical assault said it happened on a weekly basis and 13 per cent told us that physical assault was a daily experience. Of those, all bar one had suffered injuries as a result, and over half of these were injured on a daily basis.

Comparing them to the British Crime Survey, our results showed violence was a more regular feature of working life than has often been recognised. In most cases, perpetrators of these violent behaviours came from outside of the workplace with 72 per cent being perpetrated by customers or clients or the general public, 13 per cent coming from employers, manager or supervisors and 10 per cent from co-workers.

Victims of violent assault and injury were often twice, three or four times as likely to experience a range of other types of ill-treatment. ‘Being insulted or having offensive remarks made about you’, ‘intimidating behaviour from people at work’ and ‘feeling threatened in any way while at work’ often accompanied violent acts.

We can begin to get to grip with patterns of workplace violence by making a simple comparison of rates of violence between different groups of workers and types of workplaces. We will only discuss the results that were statistically significant. These show that it would be a mistake to think of workplace violence as mostly to do with the risks faced by blue-light workers dealing with crime, disorder and anti-social behaviour.

Employees in the public sector were more likely to experience workplace violence, but so were those in the third sector (both at 9 per cent compared to 3 per cent for the private sector). Rates of workplace violence also varied significantly between industries, with those working in health and social work reporting three times as much violence as the average for the sample. Employees in public administration and defence, which includes the blue-light services, were also more likely to be on the receiving end of violence but the difference was not as marked, just twice the average for the sample. Education was the third riskiest industry. It is worth noting that, of the 25 employees experiencing violence on a daily basis, five were in public administration, six in education, and 12 in health and social work. 70 per cent of the workplace violence in the three riskiest industries (health/social work, public administration/defence, or education) was against those in the associate/professional/technical or personal/service occupations. In workplaces where there were more BME workers there were higher rates of violence.

In all of this we have to remember that the most violence is committed by non-employees. If we look just at violence from employers, managers and supervisors, and from co-workers, things look different. Whereas the public sector sees the violence from clients, customers and the general public, the private sector is where we see the most inter-employee workplace violence. Although the numbers are, of course, much smaller, private sector jobs in manufacturing, construction, transport, and wholesale/retail trade were the hotspots for inter-employee workplace violence.

We also asked employees if they had witnessed violence in the workplace. Particular hotspots, such as those in the public sector, were associated with a greater likelihood of witnessing violence, and the type of industries associated with higher risk of experiencing violence were also associated with greater likelihood of witnessing violence. Finally, we asked people if they had themselves been responsible for workplace violence. Those working in the health and social welfare sector were most likely to admit they had, suggesting that violence in this sector was not solely caused by non-employees.
2.2 Unreasonable treatment

This kind of ill-treatment certainly affects a lot of people. Nearly one in three employees in the sample felt they are given ‘unmanageable workloads and impossible deadlines’ with just over a quarter ‘having their views and opinions ignored’. This means that around seven to eight million British workers experience pressured work and not being listened to. Employers ‘not following proper procedures’ had the third highest prevalence with one in five employees experiencing it.

A quarter of the sample experienced three or more types of unreasonable treatment in the workplace. Nearly as many (23 per cent) experienced one or two types. Just over two-thirds of incidents were blamed on employers, managers or supervisors with co-workers accounting for about a fifth of the incidents of unreasonable treatment. Co-workers were particularly likely to be responsible for withholding information which affected performance, pressure to work below one’s level of competence and ignoring your opinion and views. But, for the most part, it would not be too far-fetched to rename unreasonable treatment as ‘unreasonable management’. We also found evidence that much of this unreasonable treatment has a serial form with the same person, probably a manager, being responsible for two or more incidences of ill-treatment.

A simple statistical comparison of rates of unreasonable treatment shows that it was more likely amongst white, male, Christian employees. It is definitely a problem for comparatively privileged employees, being more common amongst full-time workers, and those in associate professional, professional and technical jobs, and amongst trade union members. It is more likely in a small-to-medium-sized workplace which is part of a larger organisation with human resource functions, union recognition and highly-skilled and well-paid workforces. As with workplace violence, unreasonable treatment is more common in health and social work, public administration and defence. Unlike violence, it is also more common in the utilities and financial intermediation.

Analysis of those who said they had themselves treated others unreasonably showed they were more likely to have managerial duties, be full-timers, work in associate professional and technical jobs, have very intense work, experience organisational change or not to think their organisation cared for individuals or their principles. We also found, however, that a detailed industry breakdown showed they were spread across several industries. The utilities and public administration were more likely to have them but the big concentrations were in construction and financial intermediation.
2.3 Incivility and disrespect

More than one in five of the sample experienced three or more types of incivility and disrespect with another 19 per cent experiencing one or two. Employers, managers or supervisors were responsible for 4 out of every 10 incidents of this kind. Clients and customers and the general public accounted for 27 per cent and co-workers for most of the rest (22 per cent).

Again we can start to uncover patterns of ill-treatment using simple statistical comparisons of the prevalence of incivility and disrespect amongst different kinds of workers and different kinds of workplaces. The typical employee on the receiving end of incivility and disrespect was more likely to be a man, less likely to be BME (and particularly Asian), more likely to be Christian and more likely to be born in the UK. They were also likely to be those in the middle of their careers.

Further analysis revealed many similarities between the targets of incivility and disrespect and the targets of unreasonable treatment. They have higher than average incomes, are more likely to have managerial responsibilities, be full-time workers, union members, and work in associate professional and technical occupations. The typical workplace they are employed in has 50-249 employees and incivility and disrespect goes up as size increases. As with unreasonable treatment, incivility and disrespect is more of a problem in highly visible organisations with HR functions, union recognition and highly-skilled, well-paid workforces.

Incivility and disrespect also share some patterns with violence and injury because, like violence, they are more common in the public sector. Again the hotspots in our survey were in public administration and defence, and health and social work. When we conducted our analysis for industries where we had more than ten respondents in each, hotels and catering, and mining and quarrying, were added to public administration and defence, health and social work.

The self-identified perpetrators of incivility and disrespect were in many ways like the people they ill-treated. They tended to be men, white, more likely to be Christian, born in the UK, aged 16-35, and more likely to have a degree. There was some evidence that higher earners (£50-80K annual income) were more likely to ill-treat others, as were those with managerial duties, permanent jobs and at least 3-4 years tenure. Lastly, self-identified perpetrators were more likely to work in hotels and restaurants, financial intermediation, public administration and defence and construction.
2.4 The relevance of witnessing and perpetrating ill-treatment

There are two important points to be made in relation to the data on witnessing ill-treatment and the self-identified perpetrators of ill-treatment. First, the proportions of people who admitted to us that they had been responsible for any kind of ill-treatment were very small indeed. The behaviours that people were least reluctant to admitting were ‘shouting or losing their temper’ (5 per cent), ‘ignoring the views and opinions of others’ (3 per cent) and ‘not following proper procedures’ (3 per cent).

That so few should be prepared to admit being responsible, when so many employees willingly told us they had experienced, or witnessed, ill-treatment should give pause to anyone who thinks that the types of ill-treatment we are considering here may be trivial, or part of the normal rough and tumble of the workplace. If there was general agreement with their view, why would so few people be prepared to admit that they are responsible for any kind of ill-treatment at all?

Our analysis shows that across all 21 behaviours, there were statistically significant relationships between experiencing, witnessing and perpetrating ill-treatment. When our interviewees experienced a particular type of ill-treatment they were also more likely to report witnessing the same behaviour and even to admit perpetrating that type of ill-treatment. Of course this does not mean that everyone plays a multiple role of victim, witness and perpetrator but it does suggest that particular workplaces are hotspots for ill-treatment. If you are unfortunate enough to work in one of those hotspots, you are far more likely to find yourself involved in ill-treatment as a victim, a witness or even a perpetrator.
Who is at risk of workplace ill-treatment and where do they work?
3.0 Who is at risk of workplace ill-treatment and where do they work?

Our statistical analysis so far has been rudimentary and we have not identified which workplaces, and which groups of employees, are at most risk of ill-treatment when we control for all the other factors which we investigated. We collected a range of information about employees, their jobs and their employers which we can use to build sophisticated and robust multivariate models. Multivariate analysis does not give a simple statistical comparison of rates but instead shows you how much more likely, taking everything else into account, one type of employee is to be ill-treated than another.

3.1 Risks of violence and injury in the workplace

We considered a range of demographic variables (gender, sexual orientation, age, ethnicity, religion, education, disability and income), but only one of these was related to a statistically greater risk of workplace violence in our multivariate models and none were related to injury.

Employees who had a psychological or emotional condition or a learning disability were seven times more likely to experience workplace violence. It would be easy to jump to the conclusion that this is because people who experience violence – at work or anywhere else – tend to experience psychological problems as a result. But this kind of effect would not be relevant to employees with learning disabilities. Also, we would expect to see the same risk for injury at work but this was not the case. In fact another category of disability and ill-health, the one that covered chronic illnesses of various kinds, was close to significance for injury, but psychological or emotional conditions and learning disabilities was not.

Sexual orientation was not a risk factor in our initial multivariate analysis but, when we controlled for who was responsible for violence (clients or anyone else), gay or bisexual respondents were five times more at risk of violence at work compared to heterosexual respondents.

Multivariate analysis confirmed some of the results of the simple comparison of rates of prevalence. Employees were more at risk if they had managerial or supervisory duties, worked full-time and were trade union members (who were also more at risk of injury as well as violence). Managers/supervisors were also more likely to be at risk of witnessing violence, holding everything else constant. Given the predominance of client/public perpetrators, this may happen because more junior staff call in managers to deal with difficult situations.
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Multivariate analysis showed that those in personal service occupations were more at risk of violence. This category includes cooks, waiters, care assistants, child carers, assistant auxiliary nurses, domestic staff and undertakers. In these jobs, therefore, ill-treatment does not appear to be more of a risk for the relatively well-off. As with trade union members, personal service occupations were also significant for injury as well as violence. The fact that personal service occupations were at risk suggests what sort of workplaces – care homes, private households – might be involved.

Employees were more at risk of workplace violence if they were doing very intense work, were employed in the public and the third sectors, in health and social work (which also predicted injury as well as violence), and in smaller workplaces. Once more, we should not jump to the conclusion that these are all blue-light employees. Indeed, personal service occupations are particularly at risk and they do not include police officers, fire and rescue staff or paramedics. In fact, employees in public administration (where police officers and others are counted) are at greater risk of injury but not violence in the workplace.

The fact that the employees in the third sector, like employees in the public sector, are at risk probably indicates the degree to which comparable services – for example care for people with mental illnesses – are provided in both sectors. This may also be why health and social work remained a significant risk even when we controlled for sector. (This would be because there were a number of private sector workplaces in this industry.) Finally, employees were most at risk in more ethnically diverse workplaces and in those with fewer than 250 employees (which would exclude many hospital facilities but few if any care homes).

3.2 Risks of unreasonable treatment

Those employees who had impairments, including learning difficulties, or had a long-term health condition stood out as being at risk of unreasonable treatment. More detailed analysis shows that there are different kind of risks associated with different kinds of disability or health condition. For example, employees with psychological problems and learning difficulties were four times as likely to be treated unfairly and employees with other health problems (including chronic conditions) were seven times more likely to say they have been pressured to claim something to which they were entitled (perhaps sick leave, or sick pay).

It is possible that some of these risks are to do with what happens to employees as a result of their ill-treatment. Unmanageable workloads or impossible deadlines might affect the mental health of some employees, for example. Certainly very few of the employees who were exposed to these risks thought they were suffering any kind of discrimination. Like the majority of other types of workers in our sample, workers with disabilities were most likely to attribute their ill-treatment to the nature of the workplace (e.g. ‘it’s just the way things are at work’).

It is more likely that the greater risk of unreasonable treatment was a result of failures to accommodate the needs of people with disabilities and chronic illness in the workplace. Employees with ‘other’ disabilities or health conditions – things like cancer, diabetes, hypertension, stroke, heart disease, pulmonary conditions, asthma and digestive/bowel disorders – were seven times more at risk of being pressured not to claim something they were were entitled to. They were also nearly three times more likely to report someone was continually checking up on them. Both employees with ‘other’ disabilities or conditions, and those with psychological conditions, were three times as likely as the employees without disabilities to say their
employer had not followed proper procedures. Employees with impairments and health problems are put at risk of unreasonable treatment because of the manner in which employers deal with sick leave, returning to work after sickness absence, the management of ongoing conditions (for example, providing time off to attend hospital or other sources of therapy), and the ‘reasonable adjustments’ to work and the workplace required by UK legislation.

In multivariate analysis, White employees were more at risk of unreasonable treatment because they were more likely to work in workplaces that were hotspots. But, even within those hotspots White employees were more at risk of their employer not following proper procedures. Women who worked in hotspots were more likely than men in those workplaces to be unfairly treated.

Although not as big an effect as having a disability, being younger was also a risk factor for unreasonable treatment. Getting older reduced the risk of unreasonable treatment but higher income increased it (slightly). Having managerial responsibilities was a bit more of a risk factor. Once income and managerial duties were taken into account, type of occupation did not matter at all. There is nothing here to suggest worse treatment of the vulnerable, the marginalised or those who have few options in the labour market.

But having less control over your work was very closely tied to the risk of unreasonable treatment: it increases the risk of seven out of eight types. This risk factor really is to do with having less control because being in a job with little control did not increase the risk of unreasonable treatment at all. Employees who said that the nature of their work had changed, and/or the pace of their work had increased, were also more likely to say they had been unreasonably treated, but the correlation was not as strong and covered fewer (three) of the eight types of unreasonable treatment.

Thinking you were working too hard was also a big risk factor for unreasonable treatment but the biggest risk was being in a workplace where you felt the needs of the organisation always came before the needs of people, you had to compromise your principles and people were not treated as individuals. We called this group of questions the FARE score (standing for Fairness and Respect). Large minorities of the whole sample said their workplaces were like this but the FARE scores were much higher where there was ill-treatment. Employees who thought people were not treated as individuals were at the greatest risk of unreasonable treatment across the board in our model, stronger even than having less control over one’s work or having a disability. The second FARE question about compromising your principles was just as significant a risk factor as having less control and stronger than having a disability.

The other workplace characteristic which predicted unreasonable treatment in our multivariate analysis was the region in which the employee lived. Those who were resident in any other region than London, but particularly Yorkshire and Humberside and Wales, were more likely to report unreasonable treatment. We think this is largely to do with where the workplaces with the hotspots for unreasonable treatment tend to located, rather than being because managers in London are more reasonable. When we looked only at workers in the hotspots, region ceased to make any difference.
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3.3 Risks of incivility and disrespect

Having disabilities or long-term health conditions is an important risk factor for incivility and disrespect too. It is the psychological/learning disabilities subgroup who are most at risk – not just of unreasonable treatment but also of incivility and disrespect. Indeed, the degree of exposure of this group to incivility and disrespect was substantially greater. For example they were more than five times as likely to experience gossip, rumours and allegations, nearly five times as likely to experience people excluding them from their group; and eight times as likely to feel threatened.

It is possible that managers were not directly responsible for most of this behaviour. Roughly half of the types of incivility and disrespect experienced by people with psychological problems or learning disabilities were of the type which were more likely to come from clients, customers or the general public. The other half were of the kind more likely to originate with co-workers. So, people with psychological/learning disabilities were no more likely than anyone else to experience the kind of incivility and disrespect where managers were the chief trouble-makers.

This could suggest that their disabilities were a part of the cause rather than the effect with the risks of incivility and disrespect resulting from co-workers and customers ill-treating employees (gossiping, insulting, excluding, teasing, shouting and threatening) because they had psychological problems or learning disabilities. What about the other types of impairments and health conditions? People with physical impairments barely experienced more incivility or disrespect than employees without disabilities. They did not experience more insults, ridicule, humiliation or teasing; only more shouting.

Managers do present more of a risk to employees with other health conditions (like cancer, diabetes, hypertension, stroke, heart disease, and so on) but these workers were not immune from incivility and disrespect from co-workers either. We believe much of this incivility and disrespect is related to managers and co-workers impressing on workers with other disabilities that, if they had different needs to other workers, they did not deserve the same rewards or, perhaps, to hold onto their jobs. This may well be why they were more than three times as likely to be ridiculed in connection with their work, persistently or unfairly criticised or be in receipt of hints that they should quit their jobs.

The risk of incivility and disrespect for gay, lesbian and bisexual employees was almost as great as it was for employees with disabilities. Looking just at the employees of the workplaces that were hotspots showed that gay and lesbian respondents were at particular risk of feeling threatened and very close to significantly more likely to be experience humiliation, hints they should quit, and shouting. Employees who said they were bisexual were significantly more likely to experience hints they should quit, and intimidation, and in both cases the effects were massive.

Younger workers were a little bit more likely to experience gossip, rudeness, hints to quit, persistent criticism, teasing and being shouted at. Employees with Asian backgrounds were much less likely to report insults, rudeness, persistent criticism, shouting, intimidation and feeling threatened. Again this was largely down to Asian employees being much less likely to be employed in the workplaces that were hotspots for this kind of ill-treatment. Looking only at employees in hotspots, BME employees were four times as likely as non-BME employees to receive hints to quit their jobs, and no less likely to suffer other types of ill-treatment than anyone else.

The women who worked in hotspots were more likely than men in those workplaces to be insulted and intimidated. Women were four times as likely as men in the hotspots to be insulted (but less likely than men to be threatened).
The fact that these risks to women and BME employees can only be seen when we look within the hotspots for incivility and disrespect shows how important a risk factor the type of workplace you are employed in is. It is so important that, in any general statistical analysis of the whole sample, the factors which point to whether you are in a hotspot overwhelm other risk factors.

When it comes to incivility and disrespect, the risk is to do with where you work, rather than the job you do there. So, again, there is no clear indication of vulnerable, or marginalised, workers being more at risk. In contrast to unreasonable treatment, change in the nature of work, or increased pace of work, were not risk factors for incivility and disrespect. Having less control over work, and finding the pace of work too intense, were significant risk factors, however – about as important as they were for unreasonable treatment in fact.

The FARE score is as good at predicting the risks of incivility and disrespect as it is for unreasonable treatment. At least two of the FARE questions were a risk for every type of incivility and disrespect in our individual models. In these workplaces, it seems people (employees and non-employees) do not know it is wrong to humiliate or ridicule in connection with your work, treat people in a disrespectful way, shout at them and intimidate them. It may be that they do not get sanctioned by their employer for incivility and disrespect, and they may even be encouraged to behave like this.

Finally, even controlling for the FARE score, employees in public sector workplaces were at much higher risk of incivility and disrespect. Working in the public sector put an employee at significantly greater risk of humiliation, insults, rudeness, teasing, shouting, intimidation and threats and the bulk of this ill-treatment was strongly associated with customer or client behaviour. It seems that public sector workers are more at risk of ill-treatment largely because of incivility and disrespect coming from clients, customers or the general public. Once you control for this, public sector workers are only more at risk of humiliation.
The case studies
4.0 The case studies

Our case studies help us to explore the meaning of the patterns we have found, understand the causes of ill treatment and suggest some solutions.

4.1 Case study one – a large financial services company.

Our first case study is a large financial services company with activity across Britain and a very good reputation amongst both the public and its own employees. It has good working traditions and well-established industrial relations practices. Although by no means a hotspot, this case study does help us to understand two of the patterns of ill-treatment which the survey revealed.

In the first pattern ill-treatment grows when employees feel they are losing control over their work and begin to feel that standards of fairness and respect in the organisation are slipping.

One group of employees in particular was losing a great deal of control, including a measure of control over their own pay. To them this seemed to be bad for quality and yet bringing no efficiency gains. This group reported a great deal of unreasonable treatment and incivility and disrespect. Reports of highly aggressive behaviour from managers were common, including shouting and swearing, public humiliation in meetings, and receiving offensive and aggressive emails and telephone texts relating to performance. Several employees in this group referred to the practice of ritual shaming by regional managers intended not only to punish but to humiliate publicly.

One example of this was the practice of requiring staff who usually work out of the office to report daily to regional head office to make phone calls to clients. Given the geographical location of regional offices, this required long commuting distances of 200 miles for some. In any case, being forced to come into the office and make ‘cold calls’ to clients while the manager stood over them was experienced as demeaning, and was probably meant to be so.

Although not as extreme, more general tensions stemmed from the way the organisation was shifting its focus away from traditional customer service to a more market-led relationship. We collected quantitative data which showed that staff employed in retail operations and savings and investments showed the highest levels of exposure to ill-treatment. Even minor exposure to only one ill-treatment behaviour left 60 per cent of company staff feeling stressed. 25 cent of those exposed to one behaviour or more felt the quality of their work suffered and 20 cent considered looking for a job elsewhere.

This changes which were going on reflected trends in the financial sector as a whole but were accompanied by employee complaints of poor communication, performance pressures, withholding important work-related information, overly heavy workload or unmanageable deadlines. Other pressures were persistent criticism of employees’ work performance, management failing to follow proper procedures, and being treated unfairly compared to other people. In most cases it was managers that were blamed for ill-treatment.

Employees told us that the company had changed strategic direction to such an extent that some of them were beginning to question whether they fitted in. This is a good indication that employees felt the sort of principles measured by the FARE questions were being put in doubt. The change in emphasis, from caring for customers and ensuring products and services fitted client needs, to a culture where selling was the predominant driving force, caused real problems for some staff.
A common theme was conflict surrounding performance management and targets. The customer service advisors working in call centres all referred to the major pressure to make sales and improve efficiency which they felt resulted in insufficient time to find out customers’ needs. They saw this as cynical and uncaring and perhaps amounting to mis-selling. Thus one employee felt his manager was not following the procedures as laid down by the Financial Services Authority (FSA) relating to telephone banking services. This left him anxious that, if he was evaluated by the FSA, he could be suspended and the organisation fined and penalised.

For example one Muslim employee was reduced to tears because of the behaviour of her manager who she had been told was making derogatory remarks about her. Another (male) BME employee was subjected to gossip and rumours and persistent ridicule from his all-White work group, despite being better qualified than his peers.

Some ethnic employees told us they felt they were outsiders because their religious beliefs prevented them joining in weekly out-of-hours socialising which involved alcohol. These employees understood the traditions of the industry but felt that managers did not suggest or encourage alternative team events. This led to a sense of social isolation and exclusion.

Informal business activity and decision making often took place outside normal working hours. This meant that BME employees who did not take part felt excluded and foolish when they learned of decisions that affected them long after their colleagues. This led some BME employees to feel their careers had stalled – perhaps because they were not seen as ‘team-players’ – and they had not made the career progress that their White colleagues had.

The second pattern we illustrate with this case study is the way in which incivility and disrespect from co-workers can leave some employees feeling excluded and isolated. In the case of the financial services company this ill-treatment was at a fairly low level but did have an obvious ethnic dimension which proved an aggravating factor.

While most BME employees we interviewed were satisfied to be working for the company, several reported ill-treatment behaviours and exclusion from group activities involving work colleagues was a particular problem. Ethnic minority employees told us they believed they were subject to more gossip and rumours, disrespect and rudeness than White colleagues.

Yeah, have you got sales today? Have you done this, have you done that? Have you got this, have you got that? It’s always sales, sales, sales. What about the procedure side of it? 

- Financial services employee
4.2 Case study two  
– an NHS Trust

Our second case study is a large NHS Trust with some 30,000 staff. As with many organisations delivering public services in the United Kingdom, it is beset with problems of constant organisational change, often driven by external political priorities, budgetary constraints and the widespread adoption of management practices from the private sector that are believed to equip managers to better deal with constant flux. As in the financial services company, organisational change is closely related to ill-treatment.

This case study could illustrate further aspects of the pattern of ill-treatment associated with organisational change, but we will use it to illustrate the relationship between intensive work and ill-treatment.

Clinic overbooking to reduce waiting times, constant changes to shift patterns, covering for sick colleagues and increased weekend working left many employees struggling to cope. Work pressures and resulting feelings of stress were felt by employees at all levels and grades, including managers. The constant feelings of being checked upon by managers who themselves were being audited because of a budgetary deficit led many employees to take time off with ill health.

The working environment of much of the organisation seemed to function as a ‘pressure cooker’ where tempers fray, insults are traded, and intimidation is practiced. Employees of all ages and backgrounds appeared to be on the receiving end of ill-treatment with aggressive behaviour being seen as commonplace. Shouting and loss of temper amongst colleagues was widely reported and swearing and finger pointing seemed to be quite a common occurrence for many staff. These situations left people feeling too intimidated to respond and they found it difficult to understand why they were receiving insults and threats. They simply described the perpetrator as ‘rude,’ ‘bristling,’ ‘nasty’ and ‘unpleasant.’

In one example, a newly promoted manager was yelled at across a desk because his budget was overspent, despite the fact that he had not received adequate budget training. In another we were told how a very senior professional was swearing at an elderly member of the public who had asked him to moderate his language. The incident occurred because he couldn’t find a car parking space.

Interviewees also attributed personality traits to their perpetrators describing them as ‘manipulative’, ‘malicious’, ‘liar’, ‘deceiving’ ‘forceful’ and so on. Similarly, perpetrators were described as being mentally deficient, lacking sexual prowess at home, being bullied by their partners, lacking an education and being ‘thick’. The employees who said these things were often very angry and it was clear that some working relationships had broken down completely. At times, we felt that we were listening to stories of people who were at war with each other whilst at other times people seemed to us to be on the verge of breakdown.

In this pressure cooker environment tensions between different groups of staff ran high. Some clinical professionals felt managers did not understand clinical needs. Some administrators and managers felt clinical professionals had too much control. One administrator with responsibility for reducing waiting times told us how he ended up in a ‘slinging match’ in a hospital corridor with a senior consultant as to what patients would be seen when. This tension between clinicians and administrators/managers seemed to be a fact of life at the Trust.

A particular feature of this conflict was the technology used to manage all aspects of life in the organisation. There was evidence that insufficient investment had been made in giving all staff who needed it access to the ICT resources
that they needed to both do their jobs and respond to organisational demands. For example, one manager we talked to was disciplined for not completing on-line returns when he was not even provided with a computer.

This was not the only way in which the reliance on technical fixes to work pressures appeared to make things worse. Some staff felt it no longer possible to have a chat with a manager because their electronic diary prevented it. Others felt that workload allocation, shift patterns and annual leave booking were now the product of electronic communication rather than face-to-face discussion. This created problems for some as assumptions were made about availability for shift working or sickness cover which had repercussions for family life and social arrangements. This led to strained marital relationships and to prolonged and protracted sickness absence, grievance and disciplinary cases and to more stress and anxiety. Favouritism from managers lead to problems for many staff particularly in regard to personal development, career progression and access to training opportunities.

Many of our interviewees were absent from work with stress related health issues and a large number believed that workplace troubles were taking a long time to resolve. People talked about the impact of their experiences as feeling like ‘a punchbag’, ‘kicked’, ‘assaulted’ and ‘battered’. People talked about ‘having the stuffing knocked out of me’ and ‘you knew it was coming but you didn’t know where or when’.

We know from our survey that employees in health and social care are more at risk of incivility and disrespect and violence and injury. The people we interviewed told us that they expected these types of behaviour from patients and their families but they did not expect them from fellow co-workers, and especially not from senior medical staff.

Policies and processes designed to resolve employee problems often seemed to end up creating more of them. One employee told us how it took fifteen months from the first formal notification of a dispute situation to reaching a final outcome which resulted in him leaving work for this duration with stress. Others talked about nine and five month processes suggesting systems were not functioning as intended.
4.3 Case study three
– a logistics and communication company

The first of the two patterns we want to illustrate with our case study of a very large logistics and communication company concerns the ill-treatment of employees with disabilities and health problems.

Senior managers felt that sickness rates in the organisation were too high and were determined to address what they saw as a culture of absenteeism among some staff, however we were given many instances of the insensitive, and sometimes callous, treatment employees with health problems received from their managers.

In one example, an employee had recovered from breast cancer but suffered a collapsed lung and pneumonia. Like many employers, the company move to dismiss if they issue three warnings to staff about absence. This employee forced herself to go back to work when she had a collapsed lung because, like many others, she was worried about losing her job. Her manager would not accept that she had returned to work in time to avoid the warning. He not only issued her with a warning but had her escorted from the building.

They issue them, they just issue them and I just think it is totally wrong. You live in fear; you’re frightened to be ill...(The managers) are most definitely under pressure to issue the warnings.

- Logistics and communication worker

In another example, a worker suffered crushed fingers on one hand (resulting in considerable bleeding, swelling, bruising and pain). Although employed on manual work requiring her to use both hands, her manager ordered her to continue working with one hand only.

So I struggled for three, four hours and...another first aider...said well I should have gone to the hospital which I should have done anyway. And then after work I went to the hospital and they had to drain the blood because there was a lot of damage to the finger.

- Logistics and communication worker

When this employee subsequently developed a back problem and had to take time off work, she was repeatedly ordered to return to work by her shift manager who refused to recognise the (diagnosed) back problem, and continually accused her of taking time off on grounds of her injured finger. During her eight-week period of sick leave, she experienced a number of contacts from managers, including telephone calls and letters, which requested her to make herself available for an interview to help her return to work. This was experienced by the employee not as help, but ‘more like harassment’.

Other interviews suggested that disputes over sickness and injury – and in particular the degree to which the employer should take these into account in its management of workplace relations with individual employees – were a major source of tension between management and staff. It was complaints of this sort that constituted almost all the reports of employers failing to follow proper procedures.
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There seemed to be a considerable degree of discretion open to local managers about the implementation of the sickness policy, in particular regarding the circumstances surrounding warnings. Rather than applying objective criteria as to what constitutes unauthorised employee absenteeism, it would seem that their own subjective viewpoint was guiding managers’ assessments.

Variations in practices between managers also emerged in interviews with employees covered under disability discrimination legislation. Their accounts underlined the arbitrary nature of managers’ interpretations of the rules, particularly regarding what constitutes ‘unauthorised’ absenteeism. Some managers took disciplinary actions against employees covered by DDA legislation, sometimes ignoring the advice given by occupational health professionals.

In one example, the sister of an employee who was convalescing from a gynaecological procedure, also working for the company, had a meeting to discuss the details of her sister’s illness. Not only was this a breach of her privacy, but the manager had made an appallingly sexist comment about her illness.

(My sister said to him) I had to have an emergency operation because they found this cyst growing, and he said, “oh well, if she was not having so much jiggy jiggy”— that is slang for sex — “then, she wouldn’t need an operation like that”.

- Logistics and communication worker

In the past I’ve had incidences when I’ve been in a stage interview and (I have been) issued with a stage (disciplinary warning) for things that come under DDA. The company’s own DDA helpline gave me advice (that the DDA legislation was applicable), but the managers (saw) fit to overrule this.

- Logistics and communication worker

In another example, a female employee was constantly humiliated by a male co-worker. When she complained to him about his actions in private he told other workers she was coming on to him. The same man told her that he would like to rape a woman who had dared to rearrange some work he had done.

And then another time he, he meant to walk past the back of where I was working, you know there is not a lot of space so I moved in and there was a guy from upstairs with him ... and “ooh” he said “you don’t usually do that. She likes me to rub up against her.”

- Logistics and communication worker

The second of the two patterns we want to illustrate with the logistics and communication case study concerns incivility and disrespect towards the many female employees in the organisation. We heard of several examples of sexual harassment and some sexual discrimination set against a seemingly constant background of insults and humiliation.
4.4 Case study four
– a global engineering company

Our fourth case study is a UK company that is a global leader in engineering. While it generally has much less of a problem with ill-treatment than the logistics or communication company or the NHS Trust, it illustrates the pattern of ill-treatment associated with age.

For example one of the fitters we interviewed was a woman in her early of twenties who thought her manager was ‘very ageist’. She found it ‘really irritating’ that he talked ‘completely differently’ to younger people and treated them differently because he expected them ‘to act like young people’. She felt that managers ‘just baby you’ and she did not like having her abilities underestimated and would like the chance to prove that she had picked up a lot from studying ahead on her own. She could not object because her career depended on his decisions.

(The manager is) always spying on you from afar, he’s never there knowing that you’ve gained this knowledge. So he’s always assuming that you’re still just a rookie when you’re not

(I was given) just child’s work … just silly … because I was young, I suppose. They wouldn’t have asked any of the older ones to do it because they know they would have told them to go away.

- Young woman, global engineering company

More junior employees, and particularly young women, had quite a lot of ill-treatment to put up with. The company had been very slow to recruit women and it was therefore likely that many of them would be in junior positions at the mercy of poor people-managers. Most of the young women we talked to were prepared to take this ill-treatment on the chin. For example, one told us that she had one rule for work and another for the rest of her life. She would not put up with ill-treatment outside but at work she was worried that if she seemed ‘too upfront, too forward or direct, people may see me as being too rude’ and her working relations and promotion prospects might be affected.

The ill-treatment this young woman experienced included bad language in written and verbal communication and jesting which was offensive and which she would certainly object to outside the workplace. The offensive jests included disparaging references to her (Nigerian) background. If she took offence she would be told it was only a joke, and she should not be oversensitive, and she was learning that the only way to respond was to give as good as she got. Most women in the company knew this but most still found it hard to do because, no matter how sharp they might make their responses, they were still giving tacit legitimacy to the offensive opinion.
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Ill-treatment prevention and interventions
5.0 Ill-treatment prevention and interventions

She was found to have bullied most of the staff within the office. Aggressive behaviour, not being able to do her job, no comprehension of what her responsibilities were. There was a whole list of stuff but yet she’s the one who walked away with the money and a reference and everybody here are just left to pick up the pieces and get on with it. I just think it’s absolutely appalling but that’s not unique to this office .....I’m aware of on several occasions where people just come in and are allowed to get away with really appalling behaviour.

- Third sector employee

5.1 Prevention: conventional routes to managing workplace ill-treatment

We begin by describing what most organisations have traditionally done to tackle the troubles of workplace ill-treatment and why some of these tactics appear to be failing.

There is, apparently, a wealth of readily-available information designed to help prevent workplace ill-treatment. Bodies such Acas, the Equality and Human Rights Commission, The Health and Safety Executive, the Chartered Institute of Personnel and Development (CIPD) and the Chartered Management Institute, as well as individual trade unions and the TUC, offer a range of services, much of it free. There are also consultants and expertise available from legal professionals, employee assistance programmes, counselling and therapy, occupational health and so on. There is certainly no shortage of information or advice available, yet with such support on tap, why isn’t it working?

Conventional organisational approaches usually revolve around two intervention strategies: policies and training. Most medium-sized and larger organisations will have in place a range of policies for grievances, discipline, dismissals, appeals, performance appraisals and so on. Over the last decade or so, the more enlightened organisations will have adopted anti-bullying or harassment policies or Dignity at Work or Fairness at Work policies. Most of these policies will follow the conventional advice offered by the experts. All four of the organisations in our case studies could be described as very well prepared for workplace ill-treatment with all four having these types of well-established policies and practices.

Policies of this sort usually have statements on how people are expected to behave and what the consequences are for not doing so. Policies are typically only reviewed every three to five years and many fail to reflect the way work-life and the organisation has/is changing (for example the growth of social networking technologies) and legislative changes (for example, the 2010 Equality Act). Moreover, the mere existence of a policy – or, at best, the notification of its existence to all employees – is seen as the beginning and end of a company’s responsibilities. There is usually no mechanism to establish whether employees actually read policies or, more importantly, understand them in the way the writers intended.

The second most common intervention is training. This often commences with managers undertaking a short training course delivered by the HR department or external provider. The expectation is that managers talk to their staff about their interpretation of policies and practices. This approach is fraught with problems. First, it assumes that all managers understand a very
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complex issue and, interpret it in the same way. Second it assumes that managers will give sufficient time and effort to explaining the policies and practices to the staff for whom they are responsible.

We know from our case studies that managers are under severe pressures of one sort or another. In the financial services company, pressure showed itself as the need to ‘sell, sell’ sell’. In the Trust, pressures were on budgets, waiting times and lists and a lack of technology for some managers. Problems of ill-treatment are often seen as fringe, or secondary, issues to managers who have other things on their mind.

5.2 Intervention: one size fits all

One of the most striking findings from our case studies is that policies and procedures can sometimes result in blanket approaches which lock in disputes, big and small. Managers faced with complaints of ill-treatment often turn immediately to policies for guidance and then carefully follow the procedures laid down for them. Many organisations including Acas and the UK Government, realised some time ago that all too often this means that the opportunity for informal resolution of disputes is lost.

We heard about such lost opportunities where disciplinary processes had begun because policies had often forced managers into these routes. This resulted in protracted sickness absence, stress and poor productivity. In the Trust this could typically mean periods of 4-6 months or even longer, and even when matters appeared to have been resolved, this often resulted in staff having to move from one department to another to avoid further clashes with each other.

If the supervisors had had the skills, quite often they can be dealt with quite quickly instead of it becoming really serious. By investigating it everybody knew .... I mean I’m vulnerable, if someone made an accusation against me, it’d most probably take 6 months but it’s not nice, it’s not a nice process to go through. Because once you’re tarred, now that boy in that thing, all the staff know he’s been investigated. It [the accusation] was quite trivial and it’s not as clear cut as people make out. People can be quite vindictive at times and stuff like that. I think the policies are good and they’re fair, it’s sometimes that we bring them in without really thinking how do we deal with this, and we sort of go in at the deep end.

- General Manager, NHS Trust

Managers and trade union officials bemoaned the absence of common sense and the skills of managers to spot problems early and deal with them quickly. While policies were well-meaning one size definitely did not fit all cases. Accusations and their investigation could lead to further gossip and rumour and a new cycle of ill-treatment behaviours would begin.

We believe that if complaints are made they should, wherever practicable, be looked at informally to see if matters can be resolved amicably and without lengthy processes that invoke formal policies and procedures. We accept that sometimes more formal routes are necessary
but it seems to us, based on the evidence we have gathered, that many incidents of co-worker ill-treatment can be dealt with quickly and painlessly.

### 5.3 Managing the managers

Managers, and other employees with managerial responsibilities, spend too much time on problems of their own making. If managers were only responsible for a minority of cases of ill-treatment this would be bad enough, but we know from our survey that they are responsible for most unreasonable treatment and constitute the single most important source of incivility and disrespect.

Much of this has nothing to do with the character or personalities of managers and everything to do with their position in the organisation, and the employer’s expectations of them. After all, it is managers who assign workloads and set deadlines which employees cannot cope with. It is managers who are often in a position to ignore the opinions and views of others. It is managers, above all, who are able to keep a constant check on employees, even when this is not necessary, and to make them to take on work that they consider menial.

And I think what supervision does, in my opinion, and I’m speaking from my own experience as well, it becomes a game of cat and mouse. I’m not responsible for my job because you’re watching me do my job. So it's not really my job; it's your job. That's de facto because of the fact that you're watching. So I’m going to sneak off to the toilet when he’s not looking ... And it becomes a game of cat and mouse then. It's not giving people ownership. It's not giving people the trust to do their job.

- Trade union official, logistics and communication company

There are managers who do this kind of thing against the wishes of their employer, but there are certainly managers who ill-treat employees because they think this is what their employer wants them to do. In either case, it is up to the leaders in an organisation to mandate everyone with managerial responsibilities – at any level – to treat everyone fairly and with respect.

This mandate cannot be established with well-intentioned statements about the standards of behaviour expected of all employees (as we find in so many of the policies discussed in 5.1). It entails, instead, specific expectations of the management role. For it to work, managers must be required to demonstrate that they fulfil these expectations as part of reviews of their performance, and successful fulfilment of the mandate must be required for promotion and progression.
Insight into ill-treatment in the workplace: patterns, causes and solutions

Genuine commitment to fairness and respect is the only way in which organisations can hope to place the drive for fairness and respect on a par with any other organisational priorities. Indeed, it should be pursued at the same time as other priorities. There is no point in tasking, and monitoring, a manager’s actions in pursuit of fairness and respect separately from the other roles s/he is given, such as the management of sickness absence or performance.

The requirement to promote fairness and respect needs to be embedded in all managerial roles and, on occasion, it may give them new ones. The prime example here would be the extension of the requirement to include a management responsibility for the behaviour from customers, clients and the general public, to which employees are exposed (and which might constitute third-party harassment as defined under equalities legislation). This would not be satisfied by posting notices of zero tolerance for violence and abuse at a reception desk, or by managers putting themselves on the line in order to protect other employees from incivility and disrespect or violence.

Altering the behaviour of managers is the key to the adoption of successful solutions to ill-treatment because they are responsible for so much of it, and because it is managers that leaders will use to help them extend the requirement to promote fairness and respect throughout the organisation. There is one respect, however, in which organisations cannot look to managers to bear the responsibility for success.

In our case studies we frequently heard that managers covered up for each other when accused of ill-treatment. We heard that, even if they did not close ranks, company policies would be applied much less diligently, and certainly with none of the heavy-handedness described in 5.2, to complaints about ill-treatment by a manager. Yet almost all procedures for dealing with ill-treatment required managerial involvement at an early stage.

Even if they had no knowledge that complaints against managers were treated differently, the employees we interviewed were scared to rock the boat, and to draw attention to themselves, by making any complaint, still less one against a manager. They were convinced that, whatever official policy might say, they would ruin their chances of advancement and might even lose their jobs. Mandating fairness and respect means taking the complaints procedure out of the hands of managers. Organisations should not, however, think that they can satisfy this requirement simply by making an external EAP provider the first point of call for complaints. Giving the responsibility for the recognition of ill-treatment to an ill-trained employee in a call-centre is not good enough.

Promoting fairness and respect is not cheap. The managers who build it into their everyday practices should not be expected to add this role alongside all the others. It is, after all, this kind of quick organisational fix that produces unmanageable workloads, the most frequently complained of form of ill-treatment in our survey (and which managers are more at risk of than other employees). Many managers we interviewed were already struggling under a weight of expectation that was not reasonable and expecting them to add the burden of promoting fairness and respect to their workloads, without a reduction in the other demands made of them, would be self-defeating.

Much could be done by looking again at the distribution of responsibilities between line managers and HR professionals, and employers need to bear in mind that failing to mandate fairness and respect may not be a cost-free option either. When things go wrong, they often go badly wrong and take up much more time and resources than may have been foreseen. Had time and effort been spent addressing these issues in the first place, managers could be more productive and effective in their roles. Even in the logistics and communication company, with a history of severe industrial relations problems, it was not collective disputes over pay or contracts that cost managers most time and effort, but the fall-out from ill treatment.
The biggest arguments that we have, I have, or debates or call it what you wish, with management is around individuals and how they’re feeling and how they’re being treated, how they feel they’re being treated or perceived. That’s the biggest interaction I have with management. It’s not about the big-ticket issues.

- Trade union official, logistics and communication company

Spelling out what fairness and respect mean will take much more than those well-intentioned statements about the standards of behaviour expected of all employees. IT platforms must not be seen as an alternative to face-to-face discussion and training, but tailored multimedia packages can contribute to the promulgation of standards of behaviour in an organisation. With their further development, compulsory training programmes can be designed to ensure staff have to engage with what ill-treatment looks like, feels like and what effects it has upon people.

By creating an interactive environment that demonstrates the subtle, and not so subtle, aspects of workplace ill-treatment, it is possible to test knowledge, skills and understanding and to adjust the manner of learning to the role of the participant. A major caveat here is that all employees should take part. Our evidence shows that managers themselves are subject to a range of ill-treatment behaviours which suggests senior managers are culpable.

Finally, employers should not assume that all employees, including those with managerial responsibilities, will understand what fairness and respect mean if this is not spelled out to them. Managers and supervisors need to be equipped to tackle ill-treatment behaviour in others by recognising what qualifies as unacceptable and stepping in early and decisively. They cannot do this if they are unsure of the standards of behaviour that the employer would like to apply.

a line manager flicked a lady’s bra strap and he’d done it for the last six/seven years, not a problem. He’d done it this one day and she took offence and that was the end of his career. I think he’s … worked his way up, but now he’s right back down to the bottom

- General manager, logistics and communication company

5.4 Managing sickness policies

The evidence from both our survey and our case studies is that the management of sickness absence is a major source of ill-treatment. On the one hand, exposure to ill-treatment can often result in protracted sickness absence which leads to lengthy policy and procedure intervention. On the other hand, sickness absence because of recognised disabilities and health conditions also leads to ill-treatment.

Our survey and case studies show compelling evidence that people with disabilities are much more likely to report ill-treatment behaviours. Some of our case study interviews showed that serious illnesses such as cancer are poorly managed and reasonable adjustments in a person’s workload were not made. Other health
conditions that would qualify under both the Disability Discrimination Act and Equality Act are managed badly. It is not so much that there are policy gaps in organisations but more that managers are poorly equipped to apply policies fairly and consistently, or even to understand what reasonable adjustments mean in practice.

Employees told us how they were signed off by their doctor with stress or anxiety illnesses yet subjected to interviews at home. It seems that many people were being called to interview because that is what the sickness absence policy stated, even though it was patently clear that such an intervention was inappropriate.

What seems to us to be happening is that there is an over-zealous application of policy by some managers and moral judgements made about an individual's health condition. For sense to prevail, independent medical judgement backed up by occupational health reports, where available, should take precedence. In many cases, it makes sense for issues involving disabilities or longstanding conditions to be dealt with centrally by HR thus relieving those managers who are failing badly in their interpretation of rights and responsibilities.
5.5 Conclusions

Managing the managers, and managing sickness absence, will do a lot to address the ill-treatment of employees by managers, and other employees, but there are aspects of ill treatment which are beyond their reach. This is especially true of ill treatment of employees by non-employees in the public sector. Where good leadership, and a positive culture, fail, better work design and workplace design may succeed. There are, however, a number of aspects of ill-treatment which require a more co-ordinated and systematic response from law-makers and law-enforcers. This said, it is employers who bear the major responsibility for the prevention of ill-treatment, and effectively responding when ill treatment does occur, and too often they fail to meet this responsibility.

The conventional preventative strategies, and post-hoc interventions, discussed in 5.1 and 5.2 do not work because they do so little to disturb the prevailing practices and culture of the organisations where ill treatment occurs. The problem is that, as we saw in 5.3 and 5.4, ill-treatment is often embedded in these same practices and organisational cultures. Employees who endure ill-treatment, particularly if they work in a hotspot, will get no respite or redress unless something is done about the fundamental causes of their predicament. The fundamentals concern disagreements over workplace norms, and how these are handled and, particularly in the public sector, ill-treatment from non-employees, and how this is handled. We have identified managing the managers, and managing sickness policies, as two ways of getting to grips with these fundamentals.

In 5.4 we describe the way in which managers could be tasked, and given time, space and assistance, to set the standards of fairness and civility required of all employees. This will help to address the ill-treatment of workers in the groups protected by equalities legislation. More broadly, the actions described at 5.3 and 5.4 will work to the degree that they change organisational practices and culture by defusing conflicts over norms about job control and intense work, and about organisational change. If successful, they will also bring about an improvement in a company’s FARE score, which measures whether employees trust the organisation to treat people as individuals, to (sometimes) put the needs of the organisation before the needs of people, and not require people to compromise their principles.

Organisations which do not permit ill-treatment in the workplace may be better able to achieve their aims. At the very least, appropriate manager behaviour, and relevant management intervention, can enhance the performance of individuals and organisations because time currently spent on stress and sickness absence, relocating employees who cannot work together, and meetings and processes designed to resolve conflicts, can be put to better uses.

1 Supplementary information on the survey is available to download free from http://tinyurl.com/socsi-insight


