Exploring ill treatment at work

– the Irish workplace behaviour study

Our research and development programme

IOSH, the Chartered body for safety and health professionals, is committed to evidence-based practice in workplace safety and health. We maintain a Research and Development Fund to support research, lead debate and inspire innovation as part of our work as a thought leader in safety and health.

In this document, you'll find a summary of the independent study we commissioned from National University of Ireland Galway, *Exploring ill treatment at work – the Irish workplace behaviour study*.

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Exploring ill treatment at work

What's the problem?

Lots of people experience ill treatment in the workplace. Few would deny that they have, at some stage in their working life, been treated badly by a manager, a colleague or a client.

When ill treatment is persistent and deliberate, it can have a very negative impact on an individual's health. Ill treatment is strongly associated with significantly poorer mental and physical health, which is why it is a serious problem for workers at the receiving end of it. And because workers who are ill-treated in this way often need sick leave or have to leave their jobs, it causes problems for organisations.

For a variety of reasons, ill treatment is not easy to measure. One reason is that it can be difficult to decide what constitutes ill treatment. Is it shouting and verbal abuse? From colleagues or clients? What about excluding or humiliating a worker or a group of workers? Is it managers who set unrealistic deadlines, or constantly check up on you when there is no need? What about organisational procedures that, in effect, lead to unfairness or do not support the wellbeing of workers? And isn't this a bit like what we call 'workplace bullying'? A problem with the term 'workplace bullying' is that it can be too narrow. While it clearly captures deliberate one-on-one aggressive behaviour, it is more complicated when we consider teasing, nasty gossiping, ostensibly fair policy that is implemented in an unfair way and so on.

So we commissioned Dr Margaret Hodgins at National University of Ireland Galway, together with her team and partners, to look into this. The researchers set out to measure a number of forms of ill treatment among the workforce in Ireland, as they wanted to capture a wide range of behaviours that are not always included under the heading of bullying. Two previous workplace bullying studies had been undertaken in Ireland, in 2001 and 2007, so the study is timely, especially in the context of the severe economic depression between 2007 and 2015, when the data were collected.

This study not only builds on the earlier studies but also extends the focus to include a measure of incivility and disrespect, unreasonable management and physical injury or violence. The researchers found that prevalence rates measured in this way would help to avoid potential underestimates of the problem. As a result of this they explored approaches previously adopted in other countries that studied the prevalence of negative acts in the workplace. Providing a checklist of negative behaviours, potentially, may result in a more accurate measure.

What did our researchers do?

Our researchers replicated the British Workplace Behaviour Study (BWBS) study, conducted in 2011. They used the same questionnaire, as this had shown itself to be robust for a national survey, and used a methodology of interviewing people door-to-door, which is better than asking people in their workplace to comment on ill treatment. It is also better than by phone, which can be difficult if the respondent is distracted or if respondents need to read and think about the questions (as is the case with questions about workplace ill treatment).

The researchers used a sophisticated sampling procedure to identify 2,400 eligible households, spread randomly across Ireland. Interviews were successfully completed in 1,764 of these households, in each case with an adult who was currently employed or who had been in employment in the past two years. The profile of this sample was compared with the national population (for example, for gender, ethnicity, occupation, education) and the researchers found the study sample closely matched the national population.

Respondents were given a list of 21 behaviours, grouped under three major types: unreasonable management, incivility or disrespect and violence or injury (see Figure 1 opposite). They were asked, for each behaviour, whether they had experienced it, witnessed it or perpetrated it. They were also asked other questions about their position in the workplace, managerial experience and so on, and questions about the workplace generally: whether they worked under pressure, had control over aspects of their work, and whether their work or the pace of their work had changed in the last two years.

Figure 1 Behaviours experienced, witnessed or perpetrated at work

Unreasonable management
Someone withholding information which affects performance
Pressure from someone to do work below their level of competence
Having opinions and views ignored
Someone continually checking up on work when it is not necessary
Pressure not to claim something which, by right, staff are entitled to
Being given an unmanageable workload or impossible deadlines
Employers not following proper procedures
Employees being treated unfairly compared to others in the workplace

Incivility or disrespect
Being humiliated or ridiculed in connection with their work
Gossip and rumours being spread or allegations made against others
Insulting or offensive remarks made about people in work
Being treated in a disrespectful or rude way
People excluding others from their group
Hints or signals that they should quit their job
Persistent unfair criticism of work or performance
Teasing, mocking, sarcasm or jokes which go too far
Being shouted at or someone losing their temper
Intimidating behaviour from people at work
Feeling threatened in any way while at work

Violence or injury
Actual physical violence at work
Injury in some way as a result of violence or aggression at work

The case study phase of the project aimed to explore the experiences of people in key sectors where ill treatment is particularly prevalent, in order to inform meaningful and workable solutions.

In the BWBS, the public sector was clearly identified as being at greatest risk of both violence and incivility, and the voluntary sector at greatest risk of violence. Health and social work was similarly at high risk for all three types of ill treatment. Given these findings, our researchers decided to identify three organisations – at least one from the public sector, at least one voluntary organisation, with one or more of these being a health or social service provider. The researchers chose three organisations of 250–500 employees, as per the BWBS, to explore the organisational practices that derive from policies dealing with issues of ill treatment.

The researchers particularly wanted to find out about the practical implementation of these policies. Following an open call made by the research team, staff members from the three organisations who were interested in being interviewed made direct contact with the researcher conducting the interviews. In all, 29 workers from these three organisations were interviewed about their experiences of ill treatment. Each organisation also provided copies of relevant policies, for example a dignity at work policy, as well as supporting policies, for example disciplinary, grievance and code of conduct policies.

What did our researchers find out?
The researchers found that ill treatment (as measured by at least one item on the 21-item behavioural checklist) was experienced in the previous two years by 43.0 per cent of participants in the survey. Unreasonable management was experienced by 36.7 per cent, incivility or disrespect by 31.3 per cent and physical violence by 2.6 per cent.

The results for witnessing ill treatment indicate higher levels than direct experience. Overall, 48.0 per cent of respondents witnessed at least one negative act during the previous two years, with 42.0 per cent witnessing unreasonable management, 38.1 per cent incivility or disrespect, and 4.9 per cent physical violence.

The researchers found that 17.0 per cent of respondents reported that they had perpetrated at least one act of ill treatment during the previous two years, with 14.0 per cent admitting to perpetrating unreasonable management, while 9.5 per cent were uncivil or disrespectful, and 0.6 per cent perpetrated physical violence (see Figures 2 and 3 below).
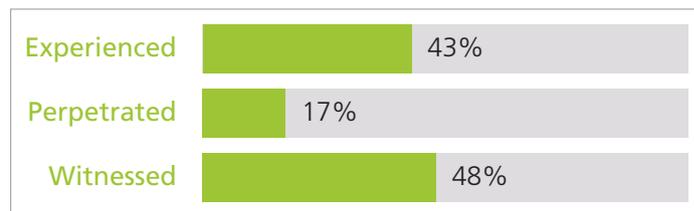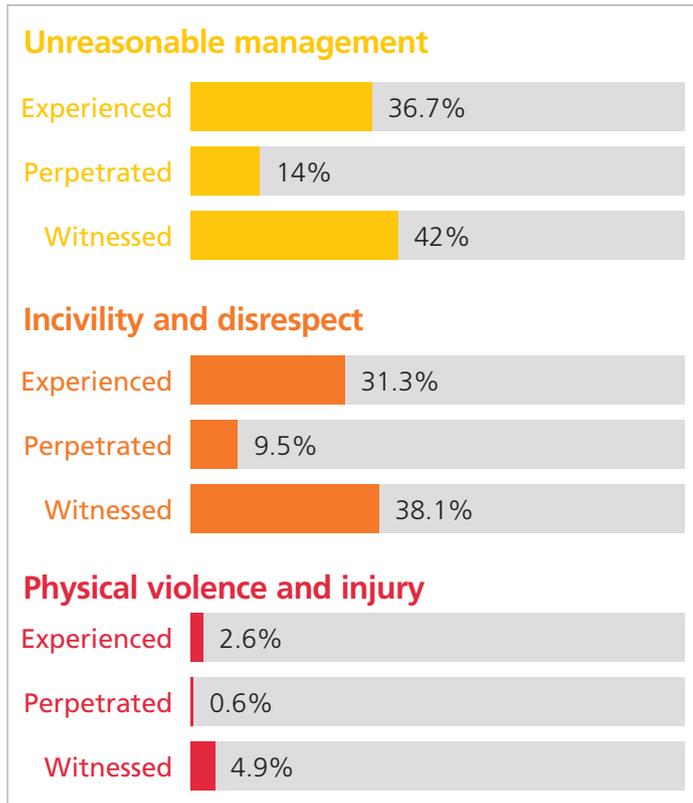
Figure 2 Levels of ill treatment

Experienced	43%
Perpetrated	17%
Witnessed	48%

Figure 3 Three types of ill treatment

Unreasonable management

Experienced	36.7%
Perpetrated	14%
Witnessed	42%

Incivility and disrespect

Experienced	31.3%
Perpetrated	9.5%
Witnessed	38.1%

Physical violence and injury

Experienced	2.6%
Perpetrated	0.6%
Witnessed	4.9%

The researchers found out that the overall levels of ill treatment were much the same for men and women, although when they looked at a measure of what they termed "severe bullying" (any two of the behaviours daily) women were more likely to experience this kind of ill treatment. Workers of black or mixed ethnicity experienced higher levels of unreasonable management than white or Asian workers. Asian workers are more likely to experience incivility and disrespect, as well as violence. The researchers also found that those aged between 25 and 34 years are at greatest risk of experiencing, witnessing and perpetrating unreasonable management, and of experiencing severe bullying (at least two negative acts daily), whereas younger workers (under 25 years) are at the greatest risk of experiencing incivility or disrespect.

With regard to organisational type (public/private/voluntary), unreasonable management was three times more likely to occur in voluntary than in private organisations. Injury and violence were over five times more likely to occur in public organisations than in private organisations.

Unreasonable management was the only form of ill treatment to display significant differences between specific industries or professions, being most prevalent in health and social services, followed by financial services and construction. It was least likely to be experienced in the agricultural sector (see Figure 4 overleaf).

Figure 4 Experience of ill treatment by type of organisation and sector

	Unreasonable management %	Incivility and disrespect %	Violence and injury %	At least one item %	At least two weekly %	At least two daily %
Total	**36.68**	**31.27**	**2.55**	**43.06**	**8.96**	**1.98**
Type of organisation						
Private	34.51	29.99	1.18	40.99	8.33	1.77
Public	40.36	33.80	6.15	45.92	10.54	2.58
Voluntary or Other	50.88	31.58	0.00	58.93	5.26	1.75
P	*0.006*	*0.302*	*<0.001*	*0.009*	*0.215*	*0.547*
Sector						
Agriculture	23.33	25.81	0.00	38.71	10.00	0.00
Industry	37.56	30.73	0.00	41.95	7.80	1.95
Construction	39.58	20.83	0.00	42.71	9.38	0.00
Wholesale, Retail, Food and Accommodation (WRFA)	31.79	35.16	1.45	42.94	7.23	2.02
Transport	34.23	26.13	0.90	37.84	11.71	0.90
Financial services	44.38	30.63	0.63	48.13	10.63	1.88
Public administration and Defence (PAD)	35.00	25.18	5.04	40.00	10.00	0.72
Education	33.61	34.03	2.94	39.92	7.14	2.52
Health and Social services	45.15	35.07	7.46	51.12	12.64	2.99
Other services	32.32	29.27	1.82	38.18	6.10	3.03
P	*0.010*	*0.110*	*nv*	*0.140*	*0.310*	*nv*

Finally, when it comes to the relationship between aspects of the workplace and workers' experience of ill treatment, workers stating that the needs of their organisation always come first are 3.5 times more likely to experience unreasonable management. Those who feel their principles are compromised at work are over four times more likely to experience incivility and disrespect. The perpetration of unreasonable management and incivility was associated with the needs of the organisation coming first, having to compromise one's principles, perceiving people not being treated as individuals, and having less control over work or the pace of work. These findings match those of the British study (BWBS), providing strong evidence of the importance of the work environment as a determinant of the way in which people are treated at work. Both studies show clear relationships between negative working conditions and higher levels of ill treatment.

The research team also found that for the three organisations where workers agreed to be interviewed, each had a Dignity at Work policy in addition to supporting policies (such as disciplinary and grievance policies and a code of conduct). As suggested by the Health and Safety Authority, good practice in respect of policy development includes being developed in a consultative manner, being owned by a recognised person or office, a clear commitment to preventing ill treatment, outlining the relative responsibilities of all parties and the setting-out of clear procedures with reasonable timelines. All three organisations, based on an analysis of the written documents, appeared to have met all or most of these criteria.

A number of issues feature in the research literature that can be described as going 'beyond standard requirements': providing training for managers, systematic data collection, the inclusion of discussions about ill treatment in exit interviews and having processes for rebuilding workplace relations. The researchers found little or no reference to these practices in the interviews. Despite the apparent adequacy of basic policy in each of the organisations, the interviews told a different story, with degrees of variation from the policy statements.

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

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

The importance of clarity of role and training and support for managers emerges clearly from the interviews. The complex realities for a manager on the ground, such as having to manage former colleagues and friends, having to manage people who have been in the organisation for a much longer time than the manager, and maintaining confidentiality, are often not addressed. It was noted by interviewees, although not fully acknowledged by employers, that managers, particularly middle managers, are often in very difficult positions. While being overtly expected to 'sort' bullying problems, they are also expected to 'blind-eye' bullying if it is in the organisation's interests to do so.

The importance of culture as a determinant of ill treatment and, by extension, the organisational response to it were also recognised. There was evidence of negative cultural aspects in differing degrees. Participants talked about how senior management does not take bullying seriously, insofar as aggressive behaviour and instances of repeated incivility can often be ignored or dismissed, resulting in the targeted individual losing any hope that the organisation will move to reprimand the instigator. In turn, this is witnessed by many others, feeding into a general expectation of inaction and low levels of confidence in procedures.

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

In all three sets of interviews, participants could see that ill treatment needs to be dealt with very promptly, usually referred to as 'nipping it in the bud'. People could see how not dealing with matters promptly allowed them to escalate, if conflict was involved, or to fester unpleasantly, if people feel unfairly treated. Perception is very important in ill-treatment situations. If people perceive themselves to be treated unfairly, dismissively, rudely or with belligerence, this will have an impact on all subsequent communications and is one reason why very early intervention is essential. Yet a common impression given in the text of the policy statements, and certainly from experience on the ground, was that matters can be prolonged, and long waits are to be expected. In fact, it is often the case that a formal complaint of bullying can only be taken forward if the behaviour has been going on for six months.

What does the research mean?

The study found that the patterns and contours of workplace ill treatment in Ireland are broadly similar to those reported in previous studies and elsewhere in the literature, with ethnicity, age and sector being risk factors (public, health and social services), and the effect particularly strong for physical violence in the public sector.

Although ill treatment is experienced at an individual level, organisations clearly bear responsibility for protecting employees from negative behaviour, and intervention from the organisation is essential. The study findings add to the accumulating evidence that organisational factors are strong predictors of ill treatment. Not only do negative environments increase the risk of ill treatment, but also positive environments reduce the risk.

The study, therefore, provides strong evidence that the work environment is a determinant of ill treatment and, conversely, of positive treatment. Increasing control over decisions, tasks and pace of work, managing high demand, supporting staff in a positive way and treating people as individuals, have the potential to reduce workplace ill treatment.

The interviews, which focused on actual experience, demonstrated clearly that despite meeting the criteria for good practice in respect of policies, the greatest challenge lies in implementation. Policy publication and availability may give a sense of security to an organisation, but if attention is not given to implementation, it does not serve the purpose intended.

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

Don't forget

Organisations need to address ill treatment by focusing on this fundamental issue and assuring employees, through their attention to implementation, that this is a core value. Not to do so is itself a form of ill treatment.

In terms of meaningful solutions, the findings of the study point to the need for specific attention to line managers or middle managers, who are expected to play a key role in dealing with ill treatment issues that arise. The study also highlights the importance of a culture that supports an integrated approach to respectful workplaces. It is not possible to protect staff fully from conflict, but actions can be taken to reduce their likelihood and the risk of escalation.

The training and ongoing support of managers, in ways that address the particular context of the organisation, are essential in addressing ill treatment. In particular, there needs to be a recognition of the complexity of human behaviour in the context of a hierarchical organisation, where people are dependent on their employers for work and fear reprisal if they allege ill treatment.

Finally, policies that require a six-month evidence period effectively 'allow' workers to be damaged. Even in organisations where workers are not averse to engaging with the policy, such restrictions create a situation in which policy is not fully fit for purpose. Organisations could look to the promotion of respectful behaviour. For this, procedure and practices need to be respectful. The platform on which policy should be built is the prevention of ill treatment, starting with the promotion of respectful practices at the highest level. Respectful behaviour can be modelled by senior management and reflected in organisational practices. Addressing the problem in this multi-level manner offers the greatest hope for genuine reduction in levels of ill treatment.

IOSH resources

As part of this study, IOSH has developed guidance, case studies and a tool to help organisations address ill treatment in the workplace. These are freely available at www.iosh.co.uk/workplacebehaviour. We have a range of other resources on some of the topics covered in this research, including:

- *Developing managers for engagement and wellbeing* www.cipd.co.uk/knowledge/culture/well-being/developing-managers-report
- *Occupational health management in the workplace* www.iosh.co.uk/ohguide
- *Occupational health toolkit* www.iosh.co.uk/ohtoolkit
- *Psychosocial risks microsite* www.iosh.co.uk/About us/What we are up to/Psychosocial risks
- *Unacceptable behaviour, health and wellbeing at work*, University of Sheffield (2010) www.iosh.co.uk/bullying
- *Working well – Guidance on promoting health and wellbeing at work* www.iosh.co.uk/workingwell

Our summary gives you all the major findings of the independent project report by National University of Ireland Galway. If you want to read about the study in more depth, you can download the full report and other resources from www.iosh.co.uk/workplacebehaviour.

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