

# Our pathway to change: eliminating bullying and harassment in healthcare

Creating a culture and environment that supports both patient and staff safety in healthcare settings



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## The vision

We strive for a healthy and engaged workforce with good physical and mental wellbeing that is able to support the delivery of high quality healthcare to all Victorians.

To achieve this we need:

- **A culture and environment that supports both staff and patient safety and positive outcomes**
- **A strong safety culture that constantly places high priority on safety, learning and continuous improvement**
- **All workers to be able to perform their jobs in a safe and professional environment that fosters staff engagement, equity, teamwork and accountability**

## Our commitment

It is clear that the sustainability of our health system and the quality of care and patient outcomes is dependent on high functioning teams, teamwork, collaboration and a functional workplace culture. Recognising the critical role that the Department of Health and Human Service (department) has as system manager to address bullying and harassment in the health sector and the opportunity that now exists to deliver change across the health sector, the department has developed this strategy to promote and drive a consistent approach to how we will facilitate cultural change, ensure equity and diversity, address bullying and harassment and promote the safety of staff and patients.

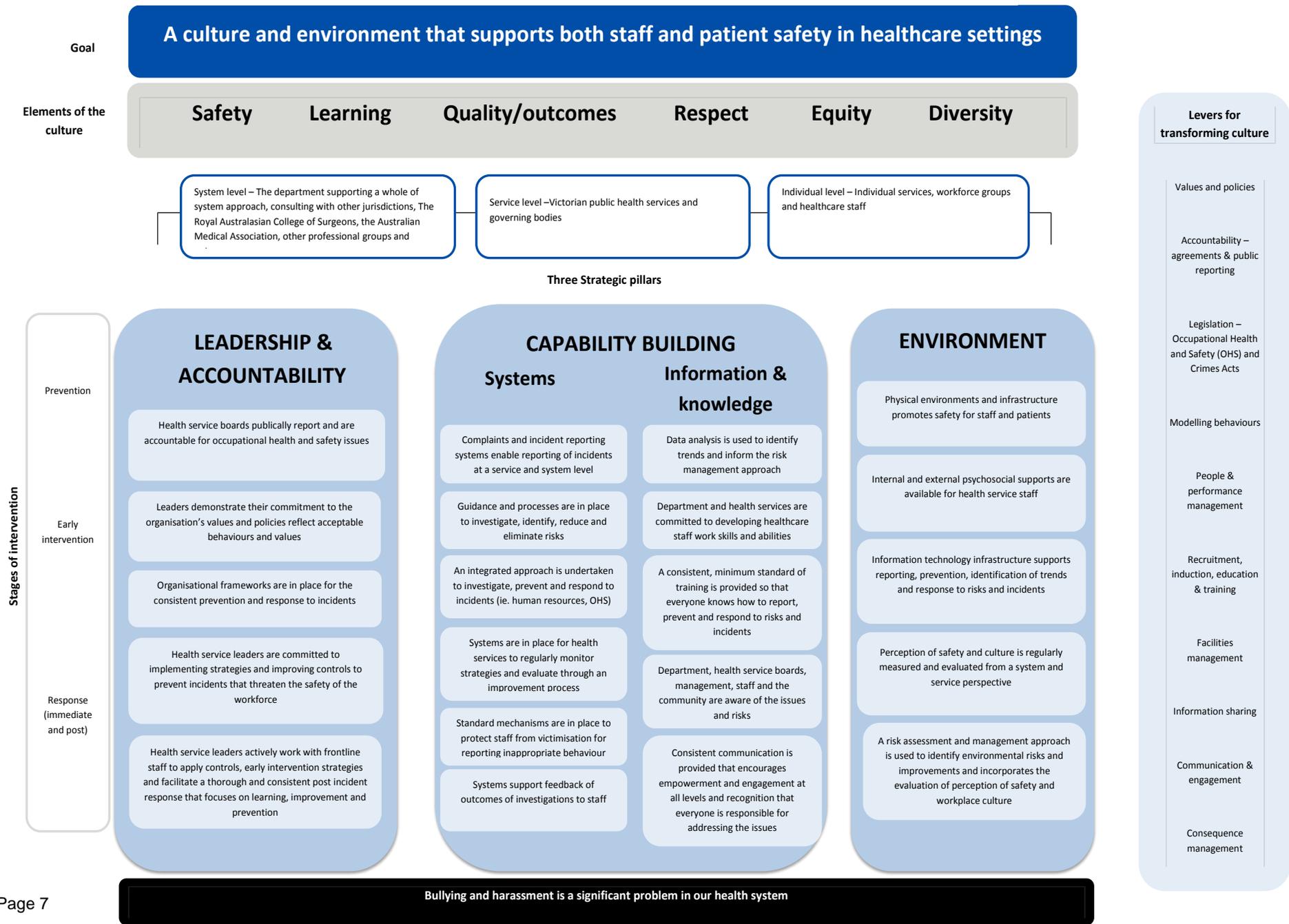
This bullying and harassment strategy sets out the foundation for our future action and sets out the timeframe required to meet the key objectives. Actions to change culture will require a committed and sustained approach from the department, health service boards and management, staff and the community over the next five or more years.

**The department** will support the health sector with a system-wide approach and hold health service boards and executive management to account for achieving a safe workplace culture and managing risks to worker wellbeing through specific, regular performance monitoring and reporting requirements. If health service boards fail in their responsibilities, they will be subject to additional accountability requirements or sanctions for non-performance.

**Health service boards and executive management** will prioritise worker health and safety in hospitals and be responsible for creating a safe workplace culture by ensuring that they understand the risks, and that processes, systems and mechanisms such as training, policies and procedures and complaints management, in place for reporting and addressing the risks and improving culture.

**Health service management and staff** will be engaged and empowered to work within a culture based on safety, quality, learning, respect, equity and diversity through being aware of the risks, reporting incidents and promoting collaboration and patient safety.

# Our framework for addressing bullying and harassment



# Immediate actions for 2016

The department has committed to:

1. Implement all Victorian Auditor General's Office (VAGO) *Bullying and Harassment in the Health Sector* audit recommendations.
2. Establish an advisory group to advise the department on the following:
  - a) Options for an independent bullying and harassment complaints process.
  - b) Minimum standard training for the health sector on bullying and harassment.
  - c) Development of system wide indicators and approach for the collection and dissemination of information at an organisational and system level. Examples of indicators to be explored are number of complaints, number of substantiated Workcover claims, aggregated outcomes, number experiencing bullying and harassment incidents and perception of safety.
  - d) Development of a system wide approach for the prevention and management of bullying and harassment in healthcare.

The advisory group will incorporate representation from WorkSafe the Victorian Public Sector Commission, health services, unions, the colleges and professional groups and will align with the Victorian government's policy on gender equity.

In 2016 the department also commits to driving change through the following actions:

## **Improving the performance and accountability of health services**

1. Mandate that all Victorian public health services include the Wellbeing, Diversity and Inclusion and Sexual Harassment modules in their People Matter Surveys from 2016. This will provide the department and health services with greater evidence of culture and trends related to bullying, harassment, equity and diversity. This will be in addition to the bullying questions that are now included in the core People Matter Survey.
2. Mandate that all Victorian public health services undertake the People Matter Surveys annually from 2016 to evaluate the culture within their organisations.
3. Deliver education to all health service boards on occupational health and safety risk and bullying and harassment and hold health service boards to account for applying a risk management approach to reduce the risk and incidence of bullying and harassment by routine regular performance monitoring and annual reporting requirements.
4. Share data and pool knowledge on prevalence and trends related to bullying and harassment risk across Victoria's health system with WorkSafe, the Victorian Public Sector Commission (VPSC) and the Victorian Managed Insurance Authority (VMIA) to better enable identification of health services who are at higher risk and facilitate the proactive initiation of actions to drive improvement.
5. Work with health services to strengthen independent assessment of their risk management approach and policies and procedures, to identify gaps and support a positive culture that ensures gender equity and diversity, and addresses inappropriate behaviour, bullying and harassment. This will be informed by collaborations with WorkSafe, VMIA and accrediting bodies.
6. Require health services to demonstrate the implementation and evaluation of strategies that promote a positive workplace culture, prevent bullying and harassment and enable trends to be monitored. Through regular monitoring the department will identify and share strategies that have been shown to be effective in improving culture and reducing the risk of bullying and harassment.

7. Monitor health service implementation of remediation strategies where organisational units have been identified as exhibiting poor workplace culture and ensure that they take action to improve their culture.

#### **Supporting staff and management to act and respond**

1. Ensure people managers have consistent training about the obligations of their role, the skills they need and the tools available to provide early intervention for inappropriate behaviour, build a culture of trust and manage bullying and harassment.
2. Develop an independent process within the Victorian health sector for bullying and harassment complaints in partnership with existing bodies such as WorkSafe, VMIA, the Health Services Commissioner, the Fair Work Commissioner and the Fair Work Ombudsman.
3. Health services will ensure they have human resource and occupational health and safety staff that have the skills, processes and systems in place to improve reporting, provide an integrated response to preventing and managing bullying and harassment, and promote a positive workplace culture.

#### **Creating a positive environment**

1. Partner with health services, WorkSafe, the Victorian Public Sector Commission, professional colleges, unions and associations to develop and agree on a common 'code' or 'pledge' for what the health sector and their workforce stand for.
2. Implement a campaign to increase awareness of positive workplace behaviours, encourage improved reporting, improve knowledge about the resources available for managing bullying and harassment and promote clear avenues for people currently experiencing bullying and harassment to seek help and further advice.
3. Facilitate shared learning, resources and the spreading of best practice models to improve culture that supports gender equity and diversity, and manage inappropriate behaviours.

## 2016 and beyond

Beyond these immediate actions, medium and long term initiatives will be taken at the system, service and individual levels aiming to achieve the strategic objectives over the next three to five years. It is envisaged that the release of the Auditor General's findings following previous work by both the Royal Australasian College of Surgeons and the Australian Medical Association, will further raise awareness of the issue of bullying and harassment. This is likely to result in an increase in the reporting of issues and further enhance knowledge of the true prevalence of the problem. The establishment of an advisory group will ensure that future actions consider emerging issues and are consistent with the system wide approach.

### Timeframe for actions

Action	2016	2017	2018	2019	2020
<b>Leadership and accountability</b>					
Develop a common 'code' or 'pledge' for what the health sector and their workforce stand for.					
Monitor health service implementation of strategies to promote a positive workplace culture.					
Implement the <i>VAGO Bullying and Harassment in the Health Sector</i> recommendations.					
Establish an advisory group on bullying and harassment.					
Develop an organisational framework to provide consistent prevention and response.					
Leaders work with frontline staff to identify and address poor culture and workplace behaviours and create the desired culture.					
Health service boards publicly report.					
<b>Capability building - systems</b>					
Monitor implementation of remediation strategies and actions to improve culture.					
Identify and independently assess health services' risk management approach and policies and procedures.					
Promote opportunities to share learnings and best practice models.					
Collaborate with existing bodies to establish an independent process for bullying and harassment complaints.					
Develop systems to enable regular monitoring and evaluation of bullying and harassment strategies.					
Establish mechanisms to protect staff from victimisation.					
Ensure systems support feedback of outcomes of investigations to staff making complaints.					
<b>Capability building – information and knowledge</b>					
Mandate that the People Matter Survey be undertaken annually and that the modules on Wellbeing, Diversity and Inclusion and Sexual Harassment be included.					
Implement an awareness campaign.					
Educate health service boards and people managers.					
Collaborate with health services, WorkSafe and the VPSC to share data and pool knowledge about prevalence and trends.					
Develop system wide indicators.					
Prescribe minimum standards of training.					
<b>Environment</b>					
Measure and evaluate perception of safety and culture.					
Identify environmental risks and improvements using a risk management approach and analysis of the perception of safety and culture.					
Ensure internal and external staff supports exists.					

# The challenge

Workplace bullying has been described as the 'key workplace health and safety issue of our time'.<sup>1</sup> A climate of bullying and harassment is an unhealthy culture, and in any workplace is insidious, unlawful and simply unacceptable. It is important to note that bullying, discrimination and sexual harassment in the health sector occurs alongside high levels of occupational violence from patients and other members of the community.<sup>2</sup>

*'Bullying and harassment in Victoria's hospitals – or in any workplace – is simply unacceptable. I am very concerned by reports that incidents of bullying or harassment may be unreported for fear of reprisal... This is particularly important in a health setting where patient care is paramount. It is vital that hospitals have robust complaints processes in place to ensure concerns are addressed in a confidential, accountable and professional manner..... I want to ensure that Victoria's health system has the best policies and procedures in place to support the kind of culture Victorians expect of a modern health system in our state.'*

Hon Jill Hennessy, MP, Minister for Health, 12 March 2015.

Bullying and harassment is only one component within the continuum of inappropriate behaviour. Negative and inappropriate behaviours can easily escalate to bullying and harassment if left unresolved or accepted. The key challenge is to address these behaviours early along the continuum and establish a culture that highlights these poor behaviours and responds early and effectively. One of these strategies must be to achieve gender equity and diversity across our workforce.

*'Everyone is responsible for culture.....the standard you walk past is the standard you accept'*

Major General David Morrison of the Australian Army, 13 June 2013.

We know that bullying and harassment has serious economic and psychological costs, with profound consequences for individuals (both victims and bystanders) and organisations including stress, ill health and lost productivity. The Productivity Commission estimates that workplace bullying costs the Australian economy up to \$36 billion annually through:

- direct costs such as absenteeism, staff turnover and legal and compensation costs
- hidden direct costs such as management time and providing workplace support services
- indirect costs such as reduced labour productivity, reduced reputation and loss of staff morale
- costs to the wider economy such as health and medical services, income support and other benefits.<sup>3</sup>

<sup>1</sup> *Workplace Bullying – We just want it to stop*, House of Representatives Standing Committee on Education and Employment, October 2012.

<sup>2</sup> As identified by the Victorian Auditor General, 2015.

<sup>3</sup> The Productivity Commission, 2010.

Furthermore, in the health sector context, patient safety and standards of care can be significantly compromised by a dysfunctional organisational culture.

There has been previous work within Victoria's health system, however the approach has often been fragmented and reactive. With further acknowledgement of the issues of bullying and harassment in the health sector and other industries, such as the Defence Force and Victoria Police, the time is right to tackle all workplace behaviours that present risks to worker safety, wellbeing, dignity and equal opportunity. This will be achieved through an integrated whole of system approach that commits to transforming culture and holding leaders to account for a safe environment for staff and patients.

The key challenge is to develop a culture, within a diverse system, that supports the elements required for high performing teams. These include:

- clarity of vision and strategy
- leadership
- learning environment
- talent development
- measurement of success.

With any workplace culture change, the challenge is that it involves how people interact and work with one another and staff interpret and respond to initiatives in different ways. It therefore takes time and a consistent and sustained effort to shift and change cultures.

# The importance of culture

The government recognises that a positive culture places the system, organisations and individuals in a better place to provide effective and efficient patient care, maintain wellbeing and solve complex issues.

Organisational culture is the shared values and beliefs that guide how members of an organisation approach their work and interact with each other.<sup>4</sup> It is expressed and manifested through the behaviours, customs and practices these members collectively display.<sup>5</sup> It tells people, not only what is valued by an organisation or group, but also what is and is not permitted. Alignment between the values of those who work within the health system and the values of the system and health services to deliver effective and efficient care is needed to create a functional culture. Through this alignment we will:

- have greater capacity to manage risk, uncertainty and ambiguity
- maintain a positive organisational reputation
- deliver services to a better standard.<sup>6</sup>

This was demonstrated dramatically by the report of the independent inquiry into serious failures of patient care at the Mid Staffordshire Foundation Trust (Trust) in the United Kingdom. The inquiry identified the Trust's organisational culture as the root cause of the many failures that occurred. The Trust's culture was not conducive to providing good care for patients, or a supportive working environment for staff.

The need for consistent and sustained efforts to drive cultural change over years requires a clear determination and communication of the culture we want for Victoria's health system to ensure alignment and direction.

In striving to achieve the best health and wellbeing for all Victorians, the government is committed to ensuring Victoria's health system has a positive culture focussed on four key areas. These are:



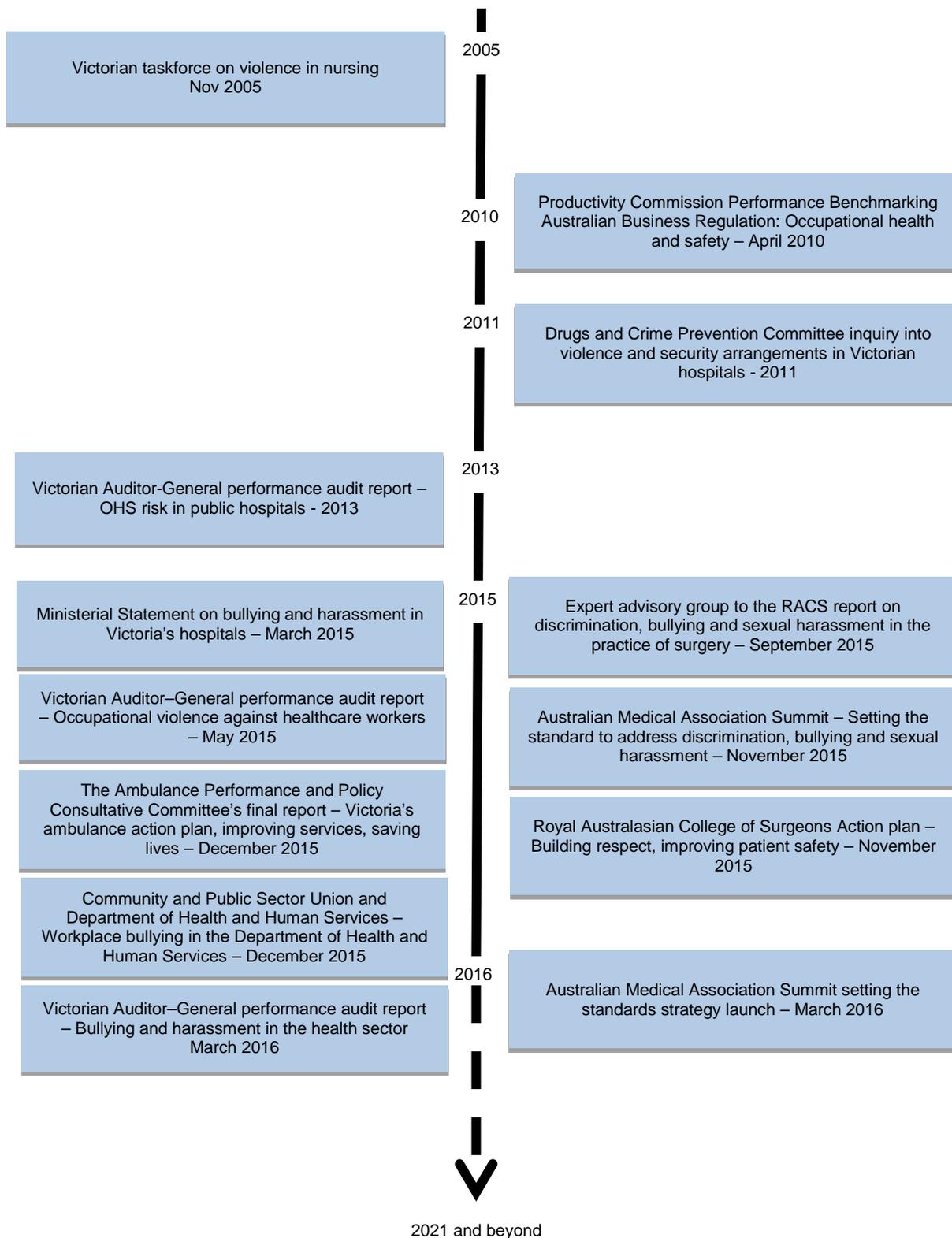
<sup>4</sup> Cooke, R, Szumal J. Measuring normative beliefs and shared behavioural expectations in organisations: the reliability of the organisational culture inventory. *Psychological Reports*. 1993; 72 : 1299-1330.

<sup>5</sup> State Services Authority. *Organisational Culture*. 2013.

<sup>6</sup> State Services Authority. *Organisational Culture*. 2013.

# Our journey

There have been a number of reports and reviews since 2005. These have led to increased awareness of the challenge that faces Victoria’s health sector and informed the development of a strategy to address workplace culture in Victorian health services. Many actions have been taken to date but continuing on the journey towards a safe and respectful culture requires further sustained effort. The Victorian government is committed to achieving this lasting change and meeting this strategy and its key priorities for the next five years.



# Our strategy for addressing worker wellbeing – transforming culture

Shifting deeply ingrained cultural and behavioural norms across the many diverse organisations that comprise the health system will require a comprehensive and sustained effort at a system and organisational level.

The diverse nature of the health system and the particular cultural and structural differences associated with clinical and non-clinical workforce, and professional groups within these, means that a multi-faceted approach that addresses all of the organisational and individual antecedents of bullying is required. Research indicates that to be effective, interventions to address workplace incivility or bullying should operate at multiple levels and should take into account multiple perspectives.<sup>7</sup> The key elements associated with a safety culture are most notably effective leadership, good teamwork, a culture of learning and fairness, and fostering patient-centred care.<sup>8</sup>

Our approach must be unified and requires strong and unambiguous leadership from the department at the system level and from the many organisations that form part of the health system. Effective governance and accountability at all levels, from the department, as system manager, to health service boards and local service leaders, will be essential to drive and co-ordinate the sustained effort required to achieve substantial change across the health system. While governance is important, this does not substitute for the need for participative effort at all levels and in all areas of the health system. Bullying and harassment is everyone's problem and everyone must participate in the effort to achieve genuine and meaningful change.

Our strategy is underpinned by three pillars:

- **Leadership and accountability** – Leaders understand the risk of bullying and harassment and negative workplace cultures and their responsibility to apply strategies that improve culture and reduce risks will be important to shift organisational responses.
- **Capability building** - Information is critical to ascertain the true prevalence of the problem and specifically target actions and initiatives to address common issues from a system-wide perspective. Building capability to better collect and use information is a key enabler of the change we need. Actions that advance knowledge and support systems that enable the department, health service leaders and staff to act appropriately and learn and develop, will be delivered.
- **Environment** - For cultural change to occur consideration must be given to the environment to support initiatives in leadership and capability building.

The strategy will require action at every level. At the:

- System level - the department will support a whole of system approach by collaboratively working with key stakeholders to identify and address gaps, networking, sharing and improving system-wide mechanisms.
- Service level - the department, as the system manager of the public health sector, and governing bodies such as health service boards will encourage and support sector driven initiatives that improve leadership, capability and the environment.
- Individual level – individual service management teams, workforce groups and healthcare staff will be supported to facilitate change and act on individual improvement opportunities.

The overall strategy and its objectives aim to address bullying and harassment at various stages: prevention, early intervention and response, both immediate, during and post incident.

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<sup>7</sup> Beirne M and Hunter P. Workplace bullying and the challenge of pre-emptive management. 2013. *Personnel Review* Vol 42 No. 5: 595-612.

<sup>8</sup> Kaufman G and McCaughan D. The effect of organisational culture on patient safety. 2013 *Nurs Stand*. 27(43):50-6

The department has a number of levers it can utilise including funding, policy and workforce training which will be used in different capacities and at differing degrees in order to progress towards achieving the strategic objectives and facilitate meaningful cultural change.

This approach aligns with the strategies outlined in the department's *DHHS Workplace bullying or inappropriate behaviour action plan* which aims to achieve a positive workplace culture that is respectful and safe.

## Our strategy in detail

Within each of the pillars lie strategic objectives and key actions that set out what needs to be achieved in order to progress towards cultural change and improvement in the issues of bullying and harassment, and ensure equity and diversity within Victoria's public health services. Achieving these objectives will require a unified and multifaceted program of work over the next five years. As the system manager, the department will lead this program of work which includes taking actions such as these outlined below.

<b>Leadership &amp; accountability</b>
<p><b>Objectives</b></p> <ul style="list-style-type: none"> <li>• Bullying and harassment is recognised as an OHS issue.</li> <li>• Health service boards publically report and are accountable for OHS.</li> <li>• Leaders commit to values and policies that reflect acceptable behaviours, equity and diversity.</li> </ul>
<p><b>Actions</b></p> <ul style="list-style-type: none"> <li>• Develop an organisational framework to provide consistent prevention and response to incidents of bullying and harassment.</li> <li>• Leaders commit to implementing strategies and controls to prevent bullying and harassment, including addressing a culture and environment that accepts inappropriate behaviour.</li> <li>• Leaders actively work with frontline staff to identify poor culture and workplace behaviours and create a culture that aligns with organisational values and policies with a focus on learning, improvement and prevention and supporting equity and diversity.</li> </ul>

<b>Environment</b>
<p><b>Objectives</b></p> <ul style="list-style-type: none"> <li>• Physical environments and infrastructure promote staff safety and the impact on organisational culture is considered.</li> <li>• Staff are supported with internal and external psychosocial supports.</li> <li>• IT infrastructure supports reporting, identification of trends, prevention and response to risks and incidents related to bullying and harassment.</li> </ul>
<p><b>Actions</b></p> <ul style="list-style-type: none"> <li>• Perception of safety and culture is regularly measured and evaluated from a system and service perspective.</li> <li>• Environmental risks and improvements are identified using a risk management approach and are informed by analysis of perception of safety and culture.</li> </ul>

<p><b>Capability building - systems</b></p>
<p><b>Objectives</b></p> <ul style="list-style-type: none"> <li>• Complaints reporting systems are simple and enable and encourage improved reporting and feedback at a system and service level.</li> <li>• Guidance and processes support the consistent investigation, identification, reduction and elimination of risks in response to bullying and harassment.</li> <li>• An integrated approach to the prevention and management of bullying and harassment includes occupational health and safety.</li> </ul>
<p><b>Actions</b></p> <ul style="list-style-type: none"> <li>• Development of systems to enable regular monitoring and evaluation of strategies to improve culture, prevent bullying and harassment and enhance equity and diversity.</li> <li>• Establish mechanisms to protect staff from victimisation for reporting inappropriate behaviour.</li> <li>• Ensure systems support feedback of outcomes of investigations to staff making complaints.</li> </ul>
<p><b>Capability building – information and knowledge</b></p>
<p><b>Objectives</b></p> <ul style="list-style-type: none"> <li>• Data analysis enables identification of trends and informs the risk management approach to bullying and harassment across the system and service.</li> <li>• A commitment to develop staff work skills and abilities, to assist people to identify and change behaviours and have difficult conversations.</li> <li>• The department, health services, boards, management, staff and the community are aware of the issue of bullying and harassment.</li> </ul>
<p><b>Actions</b></p> <ul style="list-style-type: none"> <li>• Implementation of a minimum standard of training so everyone knows what behaviour is acceptable and how to report, prevent and respond to incidents of bullying and harassment.</li> <li>• Encourage empowerment and engagement at all levels and recognise that everyone has a responsibility to prevent and speak up about bullying and harassment.</li> </ul>

# Roles and responsibilities

**The Department of Health and Human Services** is the health system manager. It is responsible for monitoring the performance of health services, setting strategic priorities, implementing policy and providing overall system-wide guidance and funding.<sup>9</sup> The department is also an employer and as such are responsible for implementing systematic and integrated approaches to occupational health and safety.

**WorkSafe** is the regulator of Victoria's occupational health and safety system. Its role includes monitoring and enforcing compliance with the Occupational Health and Safety Act 2004 and assisting in preventing workplace injuries. The provision of information and education activities is also a key function of WorkSafe.<sup>10</sup>

**Health services and Ambulance Victoria** are responsible for implementing systematic and integrated approaches to occupational health and safety, in line with their obligations under the Occupational Health and Safety Act 2004. Health service boards oversee public health services and Ambulance Victoria in accordance with government policy. They are accountable to the Minister for Health and Ambulance Services for fulfilling their responsibility to maintain a duty of care and commitment as employers to provide and maintain, so far as is reasonably practicable, a working environment that is safe and without risks to health.<sup>11</sup>

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<sup>9</sup> Victorian Auditor General's Report. *Occupational Violence Against Healthcare Workers, 2015.*

<sup>10</sup> Victorian Auditor General's Report. *Occupational Violence Against Healthcare Workers, 2015.*

<sup>11</sup> Victorian Auditor General's Report. *Occupational Violence Against Healthcare Workers, 2015.*

## Definitions

<b>Occupational violence</b>	Any incident in which a person is abused, threatened or assaulted in circumstances relating to their work. <sup>12</sup>
<b>Bullying</b>	Persistent and repeated negative behaviour directed at an employee that creates a risk to health and safety. <sup>13</sup>
<b>Discrimination</b>	Discrimination happens when a person, or a group of people, is treated less favourably than another person or group because of their background or certain personal characteristics. This is known as 'direct discrimination'. It is also discrimination when an unreasonable rule or policy applies to everyone but has the effect of disadvantaging some people because of a personal characteristic they share. <sup>14</sup> This is known as 'indirect discrimination'. Legislation in Australia at both federal and state level outline a list of characteristics protected by law against which discrimination is unlawful.
<b>Harassment</b>	Harassment can be against the law when a person is treated less favourably on the basis of certain personal characteristics, such as race, sex, pregnancy, marital status, breastfeeding, age, disability, sexual orientation, gender identity or intersex status. <sup>15</sup>
<b>Sexual harassment</b>	Sexual harassment is a distinct category of harassment that is prohibited specifically under anti-discrimination laws. Sexual harassment is unwelcome sexual behaviour, which could be expected to make a person feel offended, humiliated or intimidated. Sexual harassment can be physical, verbal or written. <sup>16</sup>
<b>Equity</b>	Equity is the absence of avoidable or remediable differences among groups of people, whether those groups are defined socially, economically, demographically, or geographically. <sup>17</sup>
<b>Diversity</b>	Diversity refers to the visible and invisible differences that exist between people, such as gender, culture, race, ethnic origin, physical and mental ability, sexual orientation, age, economic class, language, religion, nationality, education, and family/marital status. It also refers to diverse ways of thinking and ways of working. <sup>18</sup>

<sup>12</sup> WorkSafe Victoria, <http://www.worksafe.vic.gov.au/safety-and-prevention/health-and-safety-topics/occupational-violence>, February 2016.

<sup>13</sup> WorkSafe Victoria, *Your Guide to Workplace bullying – prevention and response*, October 2012.

<sup>14</sup> Australian Human Rights Commission, [www.humanrights.gov.au](http://www.humanrights.gov.au), February 2016.

<sup>15</sup> Australian Human Rights Commission, [www.humanrights.gov.au](http://www.humanrights.gov.au), February 2016.

<sup>16</sup> Victorian Equal Opportunity and Human Rights Commission. <http://www.humanrightscommission.vic.gov.au>, February 2016.

<sup>17</sup> World Health Organisation, <http://www.who.int/healthsystems/topics/equity/en/>, February 2016.

<sup>18</sup> Oxfam Australia, February 2016.