ANMF (Vic Branch) Submission to Victorian Auditor-General

Submission on Bullying and Harassment in the Public Health Services

[14 August 2015]
Preamble

ANMF (Vic Branch) is Victoria’s peak nursing and midwifery industrial and professional body, representing over 73,000 members across the full spectrum of health care services in Victoria in workplace issues, significantly including occupational health and safety, and workers compensation matters. As such, ANMF (Vic Branch) regularly deals with nurses and midwives from workplaces where bullying is a significant and increasing problem and an occupational health and safety hazard. Harassment is known to be present; however it is less prevalent than workplace bullying.

ANMF (Vic Branch) acts on behalf of its members, lobbying governments and other key stakeholders to ensure that nurses and midwives are provided with a healthy and safe workplace, and thus ensures that the community continues to receive professional standards of nursing and midwifery care.

We welcome the opportunity to provide comment to the Inquiry into Bullying and Harassment in Public Health Services, as is being undertaken by the Victorian Auditor General’s Office.

Recommendations

ANMF (Vic Branch) recommends that:

1. A clear, consistent definition of workplace bullying is adopted across all public health services and agencies within Victoria, in line with Recommendation 1 of the Inquiry into Workplace Bullying ‘We just want it to stop’.
2. A clear separation and consistent definitions of bullying and harassment, is reflected in policies and procedures, is adopted across all public health services in Victoria.
3. Training packages including prevention of bullying are provided, targeted at consistent people management and culture, with a focus on the transition from a clinical position to a management position, in line with Victorian Government Violence in Nursing (VIN) Taskforce Final Report Recommendations 19 and 23.
4. All terminology refers to ‘prevention and management’ of workplace bullying, in accordance with occupational health and safety principles, rather than ‘preventing and responding to’ workplace bullying.
5. The Department of Health and Human Services (DHHS) in conjunction with WorkSafe Victoria, industry, employer and employee representative groups, works to identify key workplace culture triggers of bullying behaviour in Victorian public health services, to promote the economic benefits of positive working environments in line with Recommendation 10 of the Inquiry into Workplace Bullying ‘We just want it to stop’.
6. The OHS Regulator i.e. WorkSafe Victoria and employers are provided with comprehensive and ongoing training on prevention and management of bullying, including compliance and enforcement measures to address risk factors and an appropriate systematic investigation of complaints.
7. OHS inspectorates encourage and where necessary enforce compliance with OHS laws, in particular by using all compliance tools at their disposal.
8. All bullying recommendations from the VIN Taskforce Final Report are implemented, evaluated and extended to include all health and aged care workplaces in Victoria, to determine the success or otherwise of the recommendations.
9. Community forums, advertising campaigns and community awareness campaigns are undertaken and developed in consultation with all relevant stakeholders (i.e. employer and employee representative groups) to clarify messages and expectations within workplaces. WorkSafe Victoria is to formulate and embark on a widespread community awareness campaign.
10. Mandatory data collection is introduced, in accordance with VIN Taskforce Final Report Recommendations 27, 28 and 29.
Background

ANMF (Vic Branch) views workplace bullying as an occupational health and safety hazard that should be considered from a risk management perspective. Workplace bullying is poorly understood in the community and the variety of approaches and definitions in different jurisdictions make it difficult for workplaces to understand their rights and responsibilities.

Workplace bullying was identified as being present among ANMF (Vic Branch) members in a recent study undertaken by Monash University. It is increasingly common that matters such as bullying arise across the industrial, occupational health and safety, workers compensation and equal opportunity jurisdictions.

Research cited in the VIN Taskforce Final Report, identified the following key features of bullying amongst nurses:

- Unequal or asymmetrical power relationship may exist between perpetrator and victim
- Line managers, doctors and nursing peers are the main perpetrators
- Situational factors including poor leadership, inadequate processes for resolving conflict.

ANMF (Vic Branch) recognises that current arrangements for preventing and managing bullying and harassment in the workplace are a vital start, however more can and should be done to address these areas.

Clear and consistent definitions for ‘bullying’ within the workplace

WorkSafe Victoria changed their definition in October 2012 to ‘repeated and persistent negative behavior that creates a risk to health and safety’. This is not consistent with other definitions which are widely accepted that workplace bullying is “repeated unreasonable behavior that is directed towards a worker or a group of workers that creates a risk to health and safety”. SafeWork Australia adopts this definition from the Fair Work Act 2009 in the annual statement for 2014 for Psychosocial health and safety and bullying in Australian Workplaces.

There is no consistent or agreed definition used amongst health services in Victoria (in part due to change of definition by WorkSafe Victoria and the confusion this has created). The adoption of WorkSafe Victoria of a different definition than under the Fair Work Act 2009 has caused confusion as to which definition the department and health services should adopt consistently. The VIN Taskforce Final Report also recommended the adoption of a consistent definition, which has not been achieved yet.

In practice, some health services use the old definition, some the new and others use the Fair Work Act 2009 definition that was introduced with the anti-bullying jurisdiction in January 2014, which is close to the previous WorkSafe Victoria definition. However in order to be able to use the

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1 House Standing Committee on Education and Employment, November 2012, Workplace Bullying “We just want it to stop” (CTH)
2 Monash University and Institute for Safety, Compensation and Recovery Research (ISCRR), April 2015, Leading indicators of occupational health and safety: A report on a survey of Australia Nursing and Midwifery Federation (Victorian Branch) members
3 Violence in Nursing Taskforce, 2005
4 WorkSafe Victoria, Workplace Bullying – prevention and response
5 Fair Work Act 2009, s789FD
7 Violence in Nursing Taskforce, 2005
8 Ibid.
Fair Work Act definition, the public health service must meet the definition of being a constitutionally incorporated corporation, which presents potential jurisdictional barriers.

The bullying experienced by members takes forms which can be difficult to individually classify as bullying, according to the relevant definition and it is only the pattern of such behaviours which are suggestive of the wider issue, should an investigation disclose this scenario. The ANMF (Vic Branch) member policy Prevention of Workplace Bullying, and information brochure “Workplace Bullying: A guide to assist members” are an attempt to clarify this hazard (See Attachment 1 and 2).

Within the nursing and midwifery profession a broad range of effects on victims of workplace bullying are present. The ANMF (Vic Branch) has experienced many members approaching us ranging from those mildly affected, who are looking to improve their current situation at the workplace, to those experiencing total incapacity for work through severe psychological injury. Most commonly, members requesting assistance in submitting bullying complaints are at a point of being disempowered, disconnected from the workplace and seeking an outcome that the opportunities of a bullying complaint unfortunately does not provide.

Recommendations:

1. A clear, consistent definition of workplace bullying is adopted across all public health services and agencies within Victoria, in line with Recommendation 1 of the Inquiry into Workplace Bullying ‘We just want it to stop’.
2. A clear separation and consistent definitions of bullying and harassment, is reflected in policies and procedures, is adopted across all public health services in Victoria.

Incidence and Prevalence of workplace bullying in Victorian public health services

Workplace bullying can have a profound effect on all aspects of a person’s health as well as their work and family life. It is common for many targets of the behaviour to struggle to identify the encounters as bullying and therefore not access the resources needed to manage their complaint. It was stated in the House Standing Committee on Education and Employment, Inquiry into Workplace Bullying that there is a fear that taking action to prevent and control the bullying behaviours will lead to similar complaints being lodged, and ultimately impact on career prospects of the complainants.

Estimation of the prevalence of workplace bullying varies. Various studies report different estimates of prevalence and there is no national evidence base, further complicated by issues around non-recording of incidents as workplace bullying. The most commonly accepted figures are from the Australia Workplace Barometer (AWB) project from 2009-2011 at 6.8%.

A study of ANMF (Vic Branch) members conducted by Monash University in April 2015 reported that more than 40 percent of respondents had experienced at least one episode of bullying in the past twelve months. Ten percent of respondents had experienced regular bullying over a twelve month period, with a small percentage experiencing bullying on a daily basis. The predominant form was

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9 Caponecchia and Wyatt, Preventing Workplace Bullying 2001
10 House Standing Committee on Education and Employment, November 2012, Workplace Bullying “We just want it to stop” (CTH)
11 Monash University and Institute for Safety, Compensation and Recovery Research (ISCRR), April 2015, Leading indicators of occupational health and safety: A report on a survey of Australia Nursing and Midwifery Federation (Victorian Branch) members, p. 41
from either manager/supervisors or colleagues (58 per cent - it is noted that respondents were able to provide more than one source of bullying)\textsuperscript{12}.

It is the ANMF (Vic Branch) position that any level of bullying is not acceptable. The report also showed that enrolled nurses (ENs) or personal carers experienced higher reporting rates of bullying than midwives or registered nurses (RNs)\textsuperscript{13}.

Participants rated their perception of risk of experiencing bullying to be in the mid-range (2.8 out of 5), when participants were asked to rate other risk factors that caused issues such as fatigue and workplace stress. When respondents were asked to rate the level of risk for specific OHS hazards in the workplace, bullying was rated higher than other areas such as chemical agents, noise and radiation\textsuperscript{14}.

The People Matter Survey 2004-2010 reports that bullying affects around one in five employees in Victorian public sector organisations\textsuperscript{15}, with well over 40% having witnessed bullying at work and over 25% having personally experienced bullying at work\textsuperscript{16}. Of the reported figures, only 20% had actually made a formal complaint\textsuperscript{17}.

In the most recent release of injury hotspots from WorkSafe Victoria, psychological injuries including bullying and harassment are the third highest reported form of injury suffered in the health services industry\textsuperscript{18}. However, it is known that workers’ compensation data is not the most reliable source of trends related to bullying as the ability to lodge a claim is influenced by access to the legislative process and other external factors\textsuperscript{19}.

**Recommendation:**

1. Mandatory data collection is introduced, in accordance with VIN Taskforce Final Report Recommendations 27, 28 and 29.

**Managing expectations for achieving ‘justice’ from bullying complaints and the wider community context**

Managing expectations is pertinent to achieving a desired outcome for a bullying complaint. An unsubstantiated bullying complaint does not mean that an individual has not experienced bullying – it means the complaint was not substantiated.

Contributors to the Inquiry into Workplace Bullying expressed a lack of appropriate and satisfactory resolution possibilities within the existing legislative and regulatory frameworks\textsuperscript{20}, and this reflects the ANMF (Vic Branch) experience.

The VIN Taskforce Final Report contained five recommendations which specifically related to bullying (Recommendations 22 to 26)\textsuperscript{21}. However, despite these being signed off as ‘completed’ the

\textsuperscript{12} Ibid.
\textsuperscript{13} Ibid, p. 42/72
\textsuperscript{14} Ibid, p. 59
\textsuperscript{15} Victorian Public Sector Commission, Trends in Bullying in the Victorian Public Sector: People Matter Survey 2004-2010
\textsuperscript{16} Ibid.
\textsuperscript{17} Ibid.
\textsuperscript{18} WorkSafe Victoria, Injury hotspots
\textsuperscript{19} SafeWork Australia, Psychosocial health and safety and bullying in Australian workplaces
\textsuperscript{20} House Standing Committee on Education and Employment, November 2012, Workplace Bullying “We just want it to stop” (CTH)
\textsuperscript{21} Violence in Nursing Taskforce, 2005
ANMF (Vic Branch) has no experience or knowledge of the Department of Health and Human Services (DHHS) following up to ensure that public health services have undertaken the measures recommended.

The University of South Australia conducted a study and found that the health and community services was the third highest for psychological demands, but had the highest total risk factor score by industry\textsuperscript{22}.

The Monash Report found that ninety percent of workplaces were reported to have prevention and management of bullying policies\textsuperscript{23}, which is highly encouraged by the ANMF (Vic Branch). Since 2012, the ANMF (Vic Branch) has developed an internal bullying complaint process that members can access to review bullying complaints before lodging them with employers, in an effort to ensure that members’ expectations are managed and complaints are reviewed before being investigated by the employer. The ANMF (Vic Branch) has found that the way in which a complaint is explained and expressed can severely impact on the outcome that a member obtains.

Workplace policies are often not enforced and some workplace policies do not go as far as expressing a mechanism for resolving a bullying dispute. If an individual does make a bullying complaint to WorkSafe Victoria, the Regulator will consult with the policy, and check an investigation was completed. It is often completed with minimal inquiry into the quality of the investigation or outcomes post investigation.

Providing options that are tailored to suit the needs of the parties involved will go towards encouraging more proactive resolutions of these situations, and likely more agreeable outcomes\textsuperscript{24}.

Recommendation:

1. All bullying recommendations from the VIN Taskforce Final Report are implemented, evaluated and extended to include all health and aged care workplaces in Victoria, to determine the success or otherwise of the recommendations.

The concept of the ‘psychosocial safety climate’ and workplace cultures involving workplace bullying and harassment.

Psychological injury claims are increasing and are the largest proportion of expense in relation to compensation claims\textsuperscript{25}. The psychosocial safety climate (PSC) is measured at the organisational level and encompasses policies, procedures and management practices that precede psychosocial risk factors\textsuperscript{26}. PSC, being the shared employee perception of how their organisation values worker mental health, is a leading indicator for occurrence of workplace bullying\textsuperscript{27}.

\textsuperscript{22} University of South Australia, \textit{Podcast: Psychosocial Risk & It’s Impact in Australian Workplaces: Results from the Australian Workplace Barometer}

\textsuperscript{23} Monash University and Institute for Safety, Compensation and Recovery Research (ISCRR), \textit{Leading indicators of occupational health and safety: A report on a survey of Australia Nursing and Midwifery Federation (Victorian Branch) members}, p. 42

\textsuperscript{24} House Standing Committee on Education and Employment, November 2012, \textit{Workplace Bullying “We just want it to stop” (CTH)}, p. 5.39

\textsuperscript{25} SafeWork Australia, \textit{Psychosocial health and safety and bullying in Australian workplaces}

\textsuperscript{26} University of South Australia, \textit{Podcast: Psychosocial Risk & It’s Impact in Australian Workplaces: Results from the Australian Workplace Barometer}

\textsuperscript{27} Dollard, Tuckey, Bailey and McLinton, University of South Australia, July 2012, \textit{Parliamentary inquiry submission on workplace bullying and harassment: Results from the Australian Workplace Barometer}
The AWB Report on psychosocial safety climate and worker health in Australia in 2012 identified bullying as one of the two main causes of depression costing workplaces in sickness absence and presenteeism (the other identified was job strain)\(^{28}\).

The AWB Project was developed by SafeWork Australia and identified a main objective to be to build upon existing knowledge and understanding of psychological risk factors including bullying and harassment. The research suggested that a ten per cent increase in psychosocial safety climate theory (PSC) within an organisation would lead to a 4.5 per cent decrease in bullying\(^{29}\) [page 7].

The report identified that there are concerning levels of bullying and harassment and reported that there are higher levels of bullying being experienced by women, and for longer periods of time. It can be a systematic problem that arises in the context of a poor workplace culture\(^{30}\).

**Prevention of bullying**

The terminology of “prevention and response” is reflective of the title WorkSafe Victoria’s guidance document, as well as the national guide relating to bullying, in which reference is made to ‘preventing and responding’ to bullying. The ANMF (Vic Branch) emphasises that this is an inconsistency, given that workplace bullying is the only hazard in which “response” is used as opposed to “manage”. This term “respond” implies an acceptance that workplace bullying is a hazard that will occur, and that response is the appropriate corrective action to the hazard occurring.

As is outlined in the objects of Victorian *Occupational Health and Safety Act 2004*, principles of elimination of the risk where at all possible, or minimising risk so far as is reasonably practicable set the tone of the legislation, which is in contrast to the approach of accepting that a hazard exists, and only responding after the fact. Preventing workplace bullying requires that all employees are afforded the highest level of protection, in line with any other risk management assessment of a workplace hazard. This places a proactive duty on employers to address potential hazards, even where no incident / injury or illness has occurred, and the failure to take such precautions could potentially lead to a prosecution.

The Victorian Public Sector Commission (VPSC) provides a range of guidance material, including their “Tackling Bullying” guide\(^{31}\). The guide identifies developing systemic cultural change as being confronting, but it can contribute to people becoming more aware of their feelings at work leading to long-term activity that is successful in dealing with bullying\(^{32}\).

The ANMF (Vic Branch) agrees with the Inquiry into Workplace Bullying report indicating there is a clear need for workplace cultures to be improved\(^{33}\). Bullying must be treated as per other OHS hazards, and a preventative, risk management framework adopted, rather than a culture of dealing with the consequences after the fact.

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\(^{28}\) The Australian Workplace Barometer: *Report on psychosocial safety climate and worker health in Australia*

\(^{29}\) Ibid.

\(^{30}\) Dr Carlo Caponecchia, Workplace Bullying, House of Representatives, Standing Committee on Education and Employment, Committee Hansard, Canberra, 23 August 2012, p.3.

\(^{31}\) Victorian Public Sector Commission, *Tackling Bullying*

\(^{32}\) Ibid.

\(^{33}\) House Standing Committee on Education and Employment, November 2012, *Workplace Bullying “We just want it to stop”* (CTH)
Recommendations:

1. All terminology refers to ‘prevention and management’ of workplace bullying, in accordance with occupational health and safety principles, rather than ‘preventing and responding to’ workplace bullying.

2. The Department of Health and Human Services (DHHS) in conjunction with WorkSafe Victoria, industry, employer and employee representative groups, works to identify key workplace culture triggers of bullying behaviour in Victorian public health services, to promote the economic benefits of positive working environments in line with Recommendation 10 of the Inquiry into Workplace Bullying ‘We just want it to stop’.

The adequacy of existing education and support services to prevent and manage workplace bullying and further opportunities to raise awareness of workplace bullying such as community forums

Education services related to bullying in the public health service are inconsistent and have the potential to cause damage. While WorkSafe Victoria provides short educational sessions and good practical guidance in the form of their October 2012 document “Workplace bullying – prevention and response”, this guide is not required to be complied with under the OHS law (it is also not a Compliance Code/Code of Conduct). It is not used as an industry standard by which to compare existing practices, policies and procedures in workplaces in order to determine where compliance activity is required (i.e. issuing improvement notices, prosecutions, etc.), and unless employers have issues relating to bullying, they may not even be aware that the guidance material exists.

VIN Taskforce Final Report Recommendations 23 and 24 support health services establishing management and education strategies around bullying. Recommendation 25 suggests a tool kit should be disseminated, which contains bullying prevention strategies. There is a tool kit on the WorkSafe Victoria website which refers back to WorkSafe Victoria’s guidance material. This does not reference any nursing-specific initiatives and does not go far enough to be industry specific for public health services. Whilst ANMF (Vic Branch) is aware of (and participated in the production of) a document that was developed entitled ‘Good Practice Guide to Performance Management for Nurses and Midwives in Victorian Public Health Services’ (April 2013 by Andrea Shaw and Verna Blewett), it is asserted that this provides a small part of the preventative approach to bullying, and does not address the recommendations. Recommendation 26 specifically relates to further promotion of management of bullying and research into nursing culture to identify the key factors which may trigger bullying, thereby enabling a more targeted approach, and sponsorship of strategies to prevent bullying. So far, it is the ANMF (Vic Branch) view that no nursing specific research about bullying has been triggered and therefore no nursing specific data is available to be used.

ANMF (Vic Branch) has provided a one day seminar on Prevention of Workplace Bullying for eight (8) years, and has consistently found a need for the provision of such seminars on a recurring basis. Even after having run these seminars, with little or no publicity, each subsequent seminar is oversubscribed. ANMF (Vic Branch) has also established an OH&S (Bullying and Harassment) Officer role to specifically deal with bullying complaints and aims to prevent and advise members of the validity of allegations of bullying in a consistent way before approaching formal mechanisms to achieve a result.

It is the ANMF (Vic Branch) position that there are further opportunities to raise awareness of workplace bullying, potentially via community forums, advertising campaigns and other methods. Clarifying what workplace bullying is in a legal sense would be useful to the wider community to ensure that clear expectations are outlined at this level, as well as detailing appropriate actions to
take should such an occurrence arise. It is important to differentiate between potentially criminal acts of assault and physical violence in the workplace, which have been traditionally categorised as ‘workplace bullying’ (such as ‘initiations’ involving apprentices and young workers whereby workers have been assaulted in the workplace) and bullying, and assist the community to understand that neither is acceptable, and each is a risk to health and safety in the workplace for their own reasons.

Particular to nursing and midwifery in the public sector in Victoria, there is an additional stakeholder in the Department of Health and Human Services (DHHS), who have the role of overall management of workforce policy issues within the health system. DHHS refers to “preventing and managing” bullying behaviour, which can lead to a positive culture that is supported by workplace policies, procedures, systems and processes. DHHS can impose central controls and policies through a range of guidance material or a directive under the Health Services Act 1988(Vic). The DHHS publication “Tackling bullying” presents that the systematic approach to preventing bullying is an important part of understanding the differences between performance management and bullying, which ANMF (Vic Branch) supports. However, it is unclear what steps DHHS may have taken to ensuring that such an approach be implemented across the public health sector.

Numerous jurisdictions are available for outcomes for those experiencing workplace bullying, however as this as an occupational health and safety issue, other options must be explored to ensure that there is some response, and some appropriate and timely action. Such other avenues include the Fair Work Act, discrimination laws and workers compensation. All of these jurisdictions are limited by their application, and therefore where the particular circumstances of a case do not fit the definitions, few options are available to pursue.

The ANMF (Vic Branch) welcomed the government’s introduction of the anti-bullying measures outlined in the Fair Work Amendment 2014, which now allows a worker who reasonably believes they have been bullied at work, to apply to the Fair Work Commission (FWC) for an order to stop the bullying. However problems are still present in satisfying the requirements to deal with applications; the FWC can only deal with applications for an order to stop bullying if a worker is bullied while they are at work in a constitutionally covered business. The Victorian referral of industrial relations powers excludes occupational health and safety, therefore potentially lending itself to jurisdictional argument around coverage of the public health sector in Victoria by the legislation.

The FWC Quarterly Report Jan-Mar 2015, notes that out of 173 applications made under the bullying jurisdiction, only 16 applications were finalised by a decision. There has only been one stop-bullying order granted since the extension of the FWC jurisdiction. This evidences the battle to prove workplace bullying and pursuing a successful action under the FWC jurisdiction.

More than half of the comments in the Monash Report “comments” section referred specifically to bullying, with an alarming comment of “People who make these complaints are moved out of the area, not the person who has been doing the bullying.” Monash University and Institute for Safety, Compensation and Recovery Research (ISCRR), Leading indicators of occupational health and safety: A report on a survey of Australia Nursing and Midwifery Federation (Victorian Branch) members

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35 Department of Health and Human Services, 2005
36 Department of Health and Human Services, 2005
37 Fair Work Commission, 2015, Quarterly reports
38 Monash University and Institute for Safety, Compensation and Recovery Research (ISCRR), Leading indicators of occupational health and safety: A report on a survey of Australia Nursing and Midwifery Federation (Victorian Branch) members
Recommendations:

1. Training packages including prevention of bullying are provided, targeted at consistent people management and culture, with a focus on the transition from a clinical position to a management position, in line with Victorian Government Violence in Nursing (VIN) Taskforce Final Report Recommendations 19 and 23.

2. The OHS Regulator i.e. WorkSafe Victoria and employers are provided with comprehensive and ongoing training on prevention and management of bullying, including compliance and enforcement measures to address risk factors and an appropriate systematic investigation of complaints.

3. OHS inspectorates encourage and where necessary enforce compliance with OHS laws, in particular by using all compliance tools at their disposal.

4. Community forums, advertising campaigns and community awareness campaigns are undertaken and developed in consultation with all relevant stakeholders (i.e. employer and employee representative groups) to clarify messages and expectations within workplaces. WorkSafe Victoria is to formulate and embark on a widespread community awareness campaign.

Harassment in the workplace

Harassment is typically viewed as unwelcome behaviour that offends, humiliates or intimidates a person because of a particular personal characteristic protected by anti-discrimination laws (i.e. race, age, disability, gender). Under equal opportunity (EO) legislation, employers must ensure that employees are not treated unfairly or harassed because of specified personal characteristics. Unlike harassment, bullying does not require the behaviour to be relevant to particular characteristics in order to be bullying, however bullying may arise out of repeated unreasonable behaviour towards a person based on a particular characteristic. Harassment can be a single event of, for example, racial slurring, or it can be repeated events. A single event alone generally would not satisfy the definition of bullying, however it may indicate that bullying behaviour is present and targeted at a certain individual or group of individuals.

The ANMF (Vic Branch) submits that behaviour that is exhibited as harassment can become bullying when repeated and unreasonable, and in this circumstance should also be dealt with under occupational health and safety legislation. Bullying and harassment will sometimes overlap and establishing which behaviour is relevant to which definition presents problems. Distinctions between the definitions are important because members can experience bullying with or without possessing a particular characteristic, and without any direct or indirect reference to the characteristic.

It is often the case that workplace policies group bullying and harassment together, when a more appropriate grouping is harassment and discrimination, with bullying subject to a stand-alone policy. This enables clear definitions to be established and clear paths of complaint resolution to be established and adhered to.

39 Caponecchia and Wyatt, 2009, Distinguishing between workplace bullying, harassment and violence: a risk management approach

40 Ibid.
41 Ibid.
42 Ibid.
43 Ibid.
Conclusion

ANMF (Vic Branch) reiterates that workplace bullying and harassment in the public health service is a prevalent issue, as well as elsewhere throughout the health industry; however more focus is needed on preventative and management strategies and workplace culture, as opposed to response. There is no level of acceptance of workplace bullying and harassment, and employees should be afforded the highest level of control (i.e. elimination) of the hazard.

Rather than spending time on investigating the issues and proposing suitable controls, the focus must be on fully implementing recommendations set out by the VIN Taskforce Final Report and House Standing Committee on Education and Employment, *Workplace Bullying “We just want it to stop”*, and then conducting an independent evaluation of the effectiveness of those recommendations.

The Victorian Government is responsible to nurses, midwives and to the public for addressing bullying and harassment in the Victorian public health services, as this remains a critical wellbeing issue.
References

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