

Irish workplace behaviour study

Report submitted to the IOSH Research Committee

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Published in 2017



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Acknowledgement: IOSH would like to thank the peer reviewers of this report.

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Executive Summary

This study replicated the BWBS in Ireland, employing the same questionnaire and sampling methodology, in order to establish the prevalence of negative acts in the workplace in a nationally representative sample of Irish employees. The focus of the study is workplace ill treatment received at least once over the previous two years.

Workplace ill treatment takes many forms. Workplace bullying is perhaps the most well researched aspect of workplace ill treatment, and has become the dominant way of conceptualising trouble at work. Workplace bullying is a problem for practitioners, academics, and most significantly, it is a problem for those who experience or witness it. There is incontrovertible evidence that ill treatment, impacts negatively on worker health. Many studies cumulatively attest to the toxic effects of ill treatment in work on both physical and mental health and well being. Despite this, ill treatment remains prevalent in workplaces in many countries and organisational response is typically poor.

In 2001¹ and 2007², national surveys on workplace bullying were conducted in Ireland. These studies found prevalence rates of 7% and 7.9% respectively, employing a self labelling method, in which respondents were asked, following the presentation of a definition, to state whether or not they have been bullied in the past six months. A number of contextual factors make a new survey timely.

The British Workplace Behaviour Survey (BWBS) was administered by face-to-face structured interview to a representative sample of UK employees between 2007 and 2008, gathering data on demographic factors, job and workplace characteristics, respondents' views about their levels of control over the pace and nature of their work, and about why people think they are ill-treated in their workplaces. The survey employed a behavioural checklist, amended following cognitive testing, and including eight items on 'unreasonable management', 11 items measuring 'incivility and disrespect' and two items on 'physical violence'. The cognitive testing element was critical to improving the validity of the instrument, and minimised the possibility of errors in conceptualisation and interpretation of items. Respondents were also asked if they had witnessed or perpetrated any of the 21 items.

Survey Methodology

A survey on a national probability sample of employees aged 18 and over who had worked as employees in the previous two years was undertaken. A completed sample size of 1,500 with boosts for non-Irish nationals and persons with a disability resulted in 1,764 completing the survey. This represented a response rate of 74%.

The survey response rate was high for a survey of this nature, comparing favourably with other national surveys on workplace ill treatment or bullying. For example, two previous Irish studies had response rates of 23%³, 55%⁴ and 36%⁵, while similar UK-based studies had rates of 57%⁶ and 43%⁷.

¹ *Report of the Task Force on the Prevention of Workplace Bullying*. (2004). Government Publications, Dublin

² O'Connell, P. J., Calvert, E. & Watson, D. (2007). *Bullying in the Workplace: Survey Reports, 2007*. Dublin: The Economic and Social Research Institute

³ O'Moore, M., Lynch, J., NicDaeid, N., & Cahill, K. (2002). *The Effects of Bullying Behaviour in the Workplace: The Use of Research Databases and Victim Impact Statements in the Legal Process*. Proceedings of the International Conference on Bullying at Work. University of London, England, 23-24 September 2002

⁴ *Report of the Task Force on the Prevention of Workplace Bullying*. (2004). Government Publications, Dublin

⁵ O'Connell, P. J., Calvert, E. & Watson, D. (2007). *Bullying in the Workplace: Survey Reports, 2007*. Dublin: The Economic and Social Research Institute

⁶ Fevre, R., Lewis, D., Robinson, A. & Jones, T. (2011). *Insight into Ill treatment in the Workplace: Patterns, Causes and Solutions*. Cardiff: School of Social Sciences, Cardiff University

⁷ Hoel, H., Cooper, C.L. & Faragher, B. (2001). The Experience of Bullying in Great Britain: The Impact of Organizational Status. *European Journal of Work and Organizational Psychology*, 10(4), 443-465, DOI: 10.1080/13594320143000780

The sample profile was close to national figures, comprising 51.5% males and 48.5% females, predominantly Christian (84%) and of white ethnicity (89%). Among both males and females, 6% reported having a disability, slightly above national figures (4%), as a result of the boost applied to permit subgroup analysis.

The BWBS scale of ill-treatment items was initially presented at the start of the interview, and then re-presented later during the interview when participants were asked to confirm the items they had initially selected. All items showed a reduced response on confirmation and the average reduction was 35%. This is considerably higher than occurred in the UK survey, where the average reduction was in the region of 13%. The study demonstrates that the measurement of workplace ill treatment is culturally sensitive and prevalence needs to be interpreted in this light.

Experience, Witness and Perpetration of Ill Treatment

Ill treatment (as measured by at least one item on the 21 item behavioural checklist) was experienced by 43% of participants within the previous two years. Unreasonable management was experienced by 37%, incivility or disrespect by 31.3% and physical violence by 2.6%. Overlap occurred between these factors, particularly between unreasonable management and incivility or disrespect (25.0%), and 2% of survey participants experienced items in all three categories. The factor structure obtained in the BWBS was confirmed in this study. The BWBS prevalence findings offer a direct comparison, and show that the levels in Ireland are slightly lower than the UK. Overall, the UK study, conducted in 2008, found 54% of participants had experienced at least one aspect of ill treatment (one item), with 47% experiencing unreasonable management, 40% incivility or disrespect and 6% physical violence.

The results for witnessing ill treatment indicate higher levels than direct experience, consistent with most other studies that measure witnessing of ill treatment. Overall, 47% of respondents witnessed at least one negative act, with 42% witnessing unreasonable management, 38% incivility or disrespect, and 5% witnessing violence. The levels of witness were lower than those found in the BWBS, in contrast to the experienced ill treatment for two factors (overall 38%, unreasonable management 28%, incivility or disrespect, 32%).

Few studies measure perpetration. Here we found that 17% reported perpetrating at least one item of ill treatment: 14% admit to perpetrating unreasonable management, 9.5% incivility or disrespect, 0.5% perpetrating physical violence and 0.5% all three types of ill treatment. This compares unfavourably to the BWBS where only 12% overall admitted perpetration, an only 7% admitted perpetration of unreasonable management, both significant differences.

Workplace Bullying

The degree of 'ill treatment experienced' is not directly comparable to previous national (Irish) studies, which measured bullying specifically. The two previous Irish studies found levels of 7%⁸ and 7.9%⁹ of respondents experienced workplace bullying, employing self labelling methods. Estimates of bullying are lowest when the method employed requires respondents to indicate if they have been bullied in a direct question (i.e. self label) with a definition of bullying, and higher with behavioural checklists. The prevalence of two negative acts weekly, taken as an indicator of bullying, was 9%, higher than the 2007 finding of 7.9% and the 2001 study of 7%¹⁰, thus implying an increase in negative experience at work, differences in measurement notwithstanding, and is consistent with expectations in the light of the pressures on employees during and in the immediate aftermath of the recession. The finding reinforces a US-based study that reported threatening and intimidatory communication

⁸ *Report of the Task Force on the Prevention of Workplace Bullying*. (2004). Government Publications, Dublin

⁹ O'Connell, P. J., Calvert, E. & Watson, D. (2007). *Bullying in the Workplace: Survey Reports, 2007*. Dublin: The Economic and Social Research Institute

¹⁰ *Report of the Task Force on the Prevention of Workplace Bullying*. (2004). Government Publications, Dublin; O'Connell, P. J., Calvert, E. & Watson, D. (2007). *Bullying in the Workplace: Survey Reports, 2007*. Dublin: The Economic and Social Research Institute

and a culture of fear experienced during the economic crises¹¹, although there are surprisingly few studies of the impact of economic events or cycles on workplace ill treatment. The prevalence of two items daily, at 2% is consistent with other estimates of severe bullying.^{12,13}

Relationships with Demographics and Sectoral Risk Factors

Gender

Although women reported slightly higher levels of both experiencing and witnessing for most of the 21 items, differences were only significant in relation to experience for four items and witnessing for eight items, and when compared by factor (unreasonable management, incivility or disrespect, physical violence), **gender** differences were not significant. There was a gender difference observed, where women were more likely to experience at least any two items of ill treatment daily, which could be classified as severe bullying. In the multivariate analysis women were more likely to witness unreasonable management. These results are broadly consistent with other studies. While some studies show gender differences that favour men (i.e. men less likely to be bullied), over representation of women as targets of bullying can be due to over representation of women in the sample¹⁴. Larger scale, representative studies typically do not report gender differences across the working population. Gender was not a determinant of being bullied in the previous Irish national study¹⁵. There were no gender differences for perpetration. However, for a sub sample of respondents whom had experienced three or more negative acts, and whom were asked about the perpetrator of those acts, there was a strong effect for the person experiencing ill treatment to be the same gender as the perpetrator.

Ethnicity

Ethnicity showed a significant association with both the experience of and the witnessing of each of the three ill-treatment factors. Those of black or mixed ethnicity experienced the highest risk for experience of unreasonable management, and also the highest levels of witnessing violence. Asians are more likely to experience incivility and disrespect and also physical violence, are more likely to witness incivility or disrespect and unreasonable management, and most likely to perpetrate unreasonable management. The multivariate analysis shows that the odds of experiencing violence are seven times greater for Asians workers in Ireland than other ethnic groups. For a sub sample of respondents whom had experienced three or more negative acts, and whom were asked about the perpetrator of those acts, there was a strong effect for the person experiencing ill treatment to be of the same ethnicity as the perpetrator.

Age

The two previous Irish studies report slight increased risk with age, but declining with older working age (i.e. over 55). Generally, the relationship with **age** is not conclusive. Use of the three factors or forms of ill treatment presents a more nuanced picture. The results here demonstrate that those 25-34 years of age are at greatest risk for experience, witness and perpetration of unreasonable management, and to experience severe bullying (i.e. at least two negative acts daily), whereas younger workers (under 25 years) are at greatest risk for experience of incivility or disrespect and those aged 35-44 are at greatest risk for experiencing violence. Those aged 25-34 were most likely to perpetrate unreasonable management and those 25-34 were more likely to witness ill treatment in any of its forms.

¹¹ Rouse, R. & Schuttler, R. (2009). *Crisis Communication*. University of Phoenix

¹² Zapf, D., Escartin, J., Einarsen, S., Hoel, H. & Vartia, M. (2011). *Empirical Findings on Prevalence and Risk Groups of Bullying in the Workplace*. In: Einarsen, S., Hoel H. Zapf, D. & Cooper, CL. (Eds.) *Bullying and Harassment in the Workplace*. London: Taylor and Francis

¹³ Nielsen, M., Notelaers, G., & Einarsen, S. (2011). *Measuring Exposure to Workplace Bullying*. In: Einarsen, S., Hoel, H., Zapf, D. & Cooper, CL. (Eds.) *Bullying and Harassment in the Workplace: Developments in Theory, Research and Practice*. London: Taylor and Francis

¹⁴ Zapf, D., Escartin, J., Einarsen, S., Hoel, H. & Vartia, M. (2011). *Empirical Findings on Prevalence and Risk Groups of Bullying in the Workplace*. In: Einarsen, S., Hoel H. Zapf, D. & Cooper, CL. (Eds.) *Bullying and Harassment in the Workplace: Developments in Theory, Research and Practice*. London: Taylor and Francis

¹⁵ O'Connell, P. J., Calvert, E. & Watson, D. (2007). *Bullying in the Workplace: Survey Reports, 2007*. Dublin: The Economic and Social Research Institute

Education

Those with higher levels of **educational attainment** were at significantly greater risk for direct experience of violence, but were more likely to witness both violence and unreasonable management. The previous Irish surveys (2001 and 2007) both found higher levels of self labelling bullying for those with higher educational attainment.

Disability

There was no association with **disability**, either experienced or witnessed in direct contrast to the BWBS, which found significant associations with disability, although the limitations of sample size are noted. Only 7% of the sample reported having a disability.

Location

There are curious regional effects, with those in Connaught or Ulster¹⁶ being almost four times more likely to experience violence or injury compared to Dublin residents and those in all the rural provinces more likely to experience all forms of ill treatment than those in Dublin, excepting violence and injury in Munster. The effects are not present for witnessing ill treatment, except for significantly higher levels of witness of unreasonable management in Munster¹⁷.

Trade Union

There was an association between those who experienced unreasonable management and violence or injury with the presence of a **trade union** in their workplace, but not for incivility or disrespect. All three forms of ill treatment were more likely to be witnessed in organisations with trade unions. Although not directly comparable, this is interesting to note in the context of the finding from the Fair Treatment study in the UK, that trade union members were more likely to report bullying¹⁸.

Organisation Size

The experience of both unreasonable management and incivility was greatest in small organisations (10-49 employees), but both were more likely to be witnessed in medium-sized in organisations (50-249 employees). Violence was most likely to be experienced and witnessed in large (greater than 250 employees) organisations. This presents a more nuanced picture to the commonly reported finding that bullying is more prevalent in large organisations.

Sector

The experience of ill treatment was more prevalent in the voluntary sector in the form of unreasonable management but in the public sector for violence and injury. The multivariate analysis confirms this for violence, which is almost five times more likely to be experienced in the public sector. The only relationship between witnessing ill treatment and sector was for violence in the public sector. Unreasonable management was 2.5 more likely to be perpetrated in the public sector. The sectoral effects demonstrated in other studies, were seen here only for the experience of unreasonable management which was most common in health and social services, followed by financial services and construction, and less likely to be experienced in the agricultural sector. Both of the earlier Irish studies found Health and Social services to be well above average in terms of reported bullying. However, the educational sector showed lower levels of ill treatment compared to the levels of bullying found in the previous Irish studies. The health and social service sector also displayed the highest levels of witnessed ill treatment followed by public administration/defence and financial services. Witnessing, however, also had significant sectoral associations for violence, with health and social service again having higher levels, but followed by agriculture, which is low for experiencing other forms of ill treatment.

¹⁶ Western and Northern counties; Galway, Leitrim, Roscommon, Mayo, Sligo, Fermanagh, Monaghan and Donegal

¹⁷ South West and South East counties: Clare, Cork, Kerry, Limerick, Tipperary and Waterford

¹⁸ Fevre, R., Lewis, D., Robinson, A. & Jones, T. (2011). *Insight into ill treatment in the Workplace: Patterns, Causes and Solutions*. Cardiff: School of Social Sciences, Cardiff University

Bullying

Workplace bullying, as measured by at least 2 items weekly on the 21-item instrument was measured for direct experience only and more likely to be experienced by those with managerial or supervisory duties and those in medium-sized organisations (50-249 employees). Severe bullying (at least two items daily) was more likely to be experienced by women, by those in large organisations (greater than 250 employees) and those aged between 25 and 34 years.

Managerial Work

Those having managerial duties reported higher levels of witnessing all ill-treatment factors and these were significant for unreasonable management and incivility. Similarly, workers with managerial duties were more likely to perpetrate unreasonable management and incivility. Significantly higher percentages of those in professional occupations, those in personal services and those with permanent jobs reported witnessing violence.

Organisation Culture

The degree to which an organisation is seen to treat people as individuals, puts the needs of the organisation before the needs of people and does or does not require employees to compromise their principles is called the FARE score (aka the BWBS report). All relationships between these items and both the experience of ill treatment and the witnessing of ill treatment, in the forms of unreasonable management and incivility or disrespect were significant. Participants stating that the needs of their organisation always come first are 3.5 times more likely to experience unreasonable management and those who feel their principles are compromised in work are over four times more likely to experience incivility and disrespect. 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 pace of work. The BWBS also found similar relationships with FARE items, providing strong evidence for the importance of the work environment as a determinant of the way in which people are treated in work. Both studies show clear relationships between negative working conditions and higher level of ill treatment.

Experiencing and witnessing violence and injury was associated with only some FARE items: having to compromise your principles, not being treated as an individual, control of work pace and quality standards were associated with direct experience of violence. The weaker relationships with violence are borne out in the multivariate analysis for both experience and witnessing ill treatment. Those who report the pace of their work has increased over the past year are nine times more likely to experience violence. The results are consistent with the BWBS.

A similar pattern of relationships was also demonstrated with the Work Positive items, although the multivariate analysis showed stronger relationships between the experience of unreasonable management and of incivility and disrespect than violence.

Where participants reported three or more items a more detailed analysis of perpetration of ill treatment was enabled by following these up with a further three rounds of questions. This analysis highlighted that those experiencing ill treatment were more likely to be targeted by individuals of their own gender and their own broad ethnic group. Unreasonable management was significantly more likely to be reported as being perpetrated by superiors and less likely by co-workers and clients. Incivility and disrespect was more likely from co-workers and clients. Violence was less likely from superiors and co-workers but 17 times more likely from clients. Clients were more likely to have been reported as perpetrators by managers than non-managers, however, although not statistically significant, this is reversed for incidences of violence with non managers more likely to report clients as responsible.

Perceived reasons for ill treatment varied across the ill-treatment factors. Significant reasons for incivility included exclusion by a group or clique, the perpetrator's attitude or personality, the nationality the person experiencing the behaviour, their ethnic group, or their accent, address or social class. Having a long-term illness or health issue

was a significant perceived reason for violence. Other perceived reasons for violence were it's just the way things are at work, the gender of the person experiencing the ill treatment, and their ethnic group.

Case studies: Policy and Practice, Effectiveness and Implementation

The case study phase of the project aimed to explore the experiences of people within key sectors where ill treatment is particularly prevalent and with a substantial impact on health, in order to inform meaningful and workable solutions. The case studies aimed to identify relevant policies in place in the sampled organisations (as per the BWBS, the organisations were large organisations (i.e. 250- 500 employees), to explore the practices that derive from and around these policies, and the implementation of policies on the ground.

In the BWBS, the public sector was clearly at greater risk for both violence and incivility, and the voluntary sector for violence. Health and social work were similarly at high risk for all three types of ill treatment. Therefore, it was decided to purposively identify three organisations, at least one from the public sector, at least one voluntary organisation, and at least one of these being a health/social service provider.

In this way three organisations were identified. Staff members who were interested in being interviewed, following on open call made by the research team, made direct contact with the researcher conducting the interviews, and this confidential All interviews were conducted in person (face-to-face) and recorded (with permission), transcribed and subjected to thematic analysis. Audiotapes were then transcribed verbatim. Each organisation also provided relevant copies of relevant policies: the Dignity at Work policy in addition to supporting policies (for example Disciplinary, Grievance, Code of Conduct).

In the first organisation, VORG1, a non-statutory, voluntary organisation that has provided social care supports and services to clients whom experience a wide range of disabilities, seven staff participated. The overall thrust of the policy analysis and the interview data was that the organisation has a commitment to protecting employees from ill treatment and no flagrant examples of serious ill treatment, for example, intimidation or predatory bullying, were described or alluded to. However, there were issues in relation to working relationships and protection of staff. The main themes that emerged were *'Reluctance to manage, reluctance to report'*, *'Over policed yet under protected'* and *'Return to core values to move forward'*. The participants in VORG1 felt that ill treatment revolved around management difficulties, for example managers not managing well and staff being resistant to being managed. While there was some reference to 'difficult conversations' taking place, there were also many references to issues that were not dealt with adequately or at all. Additionally, there were references to staff being reluctant to take ill-treatment issues forward despite policy coverage. It was considered that ill treatment would be better addressed within the organisation by improved management technique, and not just leaving things to fester or to be ignored. It was agreed by all interviewees that policy was plentiful. Policy was seen to be broadly speaking, accessible, there to provide necessary safeguards, and described as having been devised in partnership with trade unions. However, the comments about policy were not wholly positive, with some significant gaps in coverage, for example protection from verbal abuse by families of clients. The ethos of the organisation presented conflicts for staff in this respect, being there to support families and clients, yet finding themselves having to look to policy to deal with negative behaviours from the group.

The second organisation, PBS2, is one of 31 public service organisations providing local government, administration and a range of services. It consists of elected members and paid staff numbering 1,200, overseen by one CEO who, with a management team of ten, is expected to implement policy as laid down by locally elected representatives. Eleven interviews took place here. All eleven participants had no difficulty describing ill treatment in the workplace. Interpersonal ill treatment such as verbal aggression, lack of manners, physical abuse and rudeness were all catalogued. Physical violence and intimidation was acknowledged as ill treatment, with some participants witnessing such behaviours. Direct predatory bullying was also mentioned, interpreted as an abuse of positions of authority. Participants also recognised work-related ill treatment, for example being passed over for promotion, not having a job description, not being given tasks appropriate to skills, undermining peers, unreasonable supervision, and withholding information. With one exception, all participants perceived ill

treatment to be very prevalent, even normalised, in PBS2. Data was sorted into three themes: *'Culture: Demi-Gods and spinning tops'*, *'The skilled manager having the skilled conversation'* and *'You can't unring a rung bell'*. In this set of interviews, all participants either explicitly mentioned or alluded to the culture in the organisation when talking about ill treatment. An autocratic culture of conformity and obedience was observed, seen to be out dated and punitive. The culture was described as one where power and status took precedence over function and utility. It was recognised that there is a need for early and proactive intervention, predominately, but not exclusively, in the interviews with members of management. Participants were strongly supportive of the notion that training for managers is needed in dealing effectively with ill treatment. The third theme was the recognition of the fact that ill treatment, in particular predatory bullying, is inherently problematic. Accepting that it can take time and courage to raise an issue with HR (informally or formally) about a colleague, that the target may well be in fear of, the procedures then must allow for the alleged perpetrator to respond. Participants could see that there was a tension between the principle of natural justice and the intent underpinning the informal and formal procedures to protect workers from ill treatment. The process is unavoidably adversarial and according to the participants from management 'there are no winners'. Little, however, was offered by way of an alternative set of procedures.

The third organisation, STH3, is a statutory health service provider for a range of health services for a catchment area of one million people. The organisation is part of the wider group of acute providers, all of whom are, in turn, part of the national acute health care structure. An executive group council manages the wider group, and the two sites involved in this study are under the direction of one general manager. Eleven participants were interviewed, understanding ill treatment as both interpersonal aggression and work-related. Participants gave varying accounts regarding prevalence and impact. Four themes could be found in the data: *Contrasting perspectives, cliques, and the (un)caring organisation, 'It's all about the hierarchy', 'The difficulty is we don't implement them well' and 'Well no, that's to be addressed by the line manager'.*

A very diverse picture emerged from STH3 with regard to the prevalence of ill treatment. Five people believed ill treatment to be very prevalent, even 'endemic', five that it wasn't prevalent, with one uncertain. The perspectives that ill treatment wasn't prevalent came mainly, but not exclusively, from management. The competing perspectives were at least partially explained by the perception of what constituted ill treatment. So while some participants saw interpersonal conflict as ill treatment, others did not. Those who worked in HR acknowledged that there are 'disagreements' between line managers and employees although did not classify this as ill treatment. Also some work-related ill treatment, while identified as ill treatment, was not thought to occur on any regular basis. Acute hospital services have a very wide range of functional units, teams within units, professional groups, and cross-disciplinary teams. One's perception regarding ill treatment, both what it is and how prevalent it is, depends on where a person works in the service, and whom they work with. Consistently across all interviews, gender, age, social class, disability and sexual orientation were dismissed as reasons for or flashpoints for ill treatment. Equally consistently, the existence of 'cliques' was acknowledged, either in the context of different professional groupings, or within work units. Relatedly, participants saw ill treatment to occur in the context of positional power, and saw this to be unsurprising, even inevitable in a hierarchical, traditional organisation. Staff are expected to do what those above them in the hierarchy tell them, and position is more important than respectful treatment. Most interviewees were familiar with the policy and procedures dealing with workplace bullying, and considered the policies to be accessible. However, there were clearly implementation issues. Participants spoke of fear: fear of further victimisation or ill treatment, fear of being perceived as a troublemaker, and fear that confidentiality was lacking. People do want to bring the issue to the attention of a manager or HR but then do not wish to risk exposure. Another concern was that that if a formal issue was raised, while the employee would be listened to, no action would be taken. Finally there was evidence of tension between line managers and HR. Confusion about roles and responsibilities were noted, with line managers referring difficulties to HR, and HR maintaining line managers were responsible for solving problems.

Acknowledgements

The authors would like to acknowledge the work of the following contributors to this research:

Steering Group

Dr M Hodgins, NUI Galway
Dr L Pursell, NUI Galway
Dr V Hogan, NUI Galway
Dr S MacCurtain, University of Limerick
Dr P Mannix-McNamara, University of Limerick
Professor D Lewis, Plymouth University
P Murray, Health & Safety Authority
Dr V Batt, HPRC
Professor M Sheehan (Jan 2014–Jul 2014)
Professor T Dundon (Jan 2014–Oct 2014)

Research Assistants

K Fox (Part-time) Jun–Sept 2015
C Slattery (Part-time) Apr–Jun 2016
C Silke (Part-time) May–Jul 2016
A Gallagher (Full-time) Oct 2016
A Beckwith (Full-time) Oct–Dec 2016

Fieldwork and data collection

Amárach Research

Sampling design, data weighting and sampling technical report

Dr Dorothy Watson, ESRI

IRISH WORKPLACE BEHAVIOUR STUDY

1 Introduction

Workplace bullying is a problem. It is problem for practitioners, such as occupational health or workplace health promotion specialists, who have to develop suitable policies and interventions to prevent or manage it on the ground. It is a problem for academics, who debate and argue about how to define it, measure it, and understand what causes it. And, most particularly, it is a problem for those who experience or witness it, given the clear evidence of deleterious effects on both physical and mental health and well-being, leading one of the primary researchers in the field to claim that exposure to bullying in work is a more crippling problem for employees than all other kinds of work-related stress put together.¹⁹

In 2001²⁰ and 2007²¹, national surveys on workplace bullying were conducted in Ireland. These studies found prevalence rates of 7% and 7.9% respectively, employing a self labelling method, in which respondents were asked following the presentation of a definition to state whether or not they have been bullied in the past six months. A number of contextual factors make a new survey timely.

Ireland was one of the first countries to enter the global recession in 2008. Following unprecedented economic growth in the 1990s, which led to property development, house building and rising prices and loans, Ireland was left highly exposed with consequent banking losses and fiscal deficit. Ireland saw, in 2008, a GDP contraction of 1.5% and further quarter-on-quarter declines leading to a cumulative fall of 10%,²² alongside record unemployment levels and increases in underemployment and precarious employment.²³ Economic recession is associated with increased work pressure, increases in responsibility and autonomy, and therefore one might reasonably expect, changes in workplace bullying.

Since 2007 the literature on measuring workplace bullying has burgeoned. While many prevalence studies have been conducted, there has been a preponderance of studies employing opportunistic samples, low response rates, or using non-standardised instruments. There continues to be a need for studies that are methodologically rigorous, employing representative samples and validated instruments. Further, it is now apparent that the

¹⁹ Zapf, D., Einarsen, S., Hoel, H. & Vartia, M. (2003). *Empirical Findings on Bullying in the Workplace*. In: Einarsen, S., Hoel, H., Zapf, D. & Cooper, CL. (Eds.). *Bullying and Emotional Abuse in the Workplace*. London: Taylor and Francis

²⁰ *Report of the Task Force on the Prevention of Workplace Bullying*. (2004). Government Publications, Dublin

²¹ O'Connell, P. J., Calvert, E. & Watson, D. (2007). *Bullying in the Workplace: Survey Reports, 2007*. Dublin: The Economic and Social Research Institute

²² Barret, A. & McGuinness, S. (2012). *The Irish Labour Market and the Great Recession*. <https://www.esri.ie/pubs/JACB201234.pdf>

²³ Social Justice Ireland: <https://www.socialjustice.ie/content/policy-issues/long-term-unemployment-crisis-and-precarious-employment-problematic>

frequencies reported in prevalence studies depend on how workplace bullying is measured. Estimates are lowest when the method employed requires respondents to indicate if they have been bullied in a direct question (i.e. self label) with a definition of bullying; higher with behavioural checklists and highest again with self labelling where no definition is supplied²⁴. Behavioural checklists are more commonly used in this context since they avoid the difficulties with self labelling, for example different personal thresholds for labelling, which are influenced by personality and emotional factors. Researchers have largely moved away from the self labelling method, making a new study timely.

Finally, it has become apparent that the construct of 'bullying' may be too narrow to capture the damage done in workplaces to employees in relation to how they are treated and how they treat one another. There is considerable overlap between bullying and constructs such as incivility, psychological harassment and abusive supervision, which also have been demonstrated to have negative effects on health. Witnessing bullying has been shown also to affect health in an adverse manner. This and the possible psychological defences that come into play when a person is asked to respond to the question 'have you been bullied', calls for the use of a validated questionnaire in the form of a behavioural checklist, which includes a range of negative acts or behaviours.

The British Workplace Behaviour Survey (BWBS) was administered by face-to-face structured interview to a representative sample of UK employees between 2007 and 2008, gathering data on demographic factors, job and workplace characteristics, respondents' views about their levels of control over the pace and nature of their work, and about why people think they are ill-treated in their workplaces. The survey employed a behavioural checklist, amended following cognitive testing, and including eight items on 'unreasonable management', 11 items measuring 'incivility and disrespect' and two items on 'physical violence'. The cognitive testing element was critical to improving the validity of the instrument, and minimised the possibility of errors in conceptualisation and interpretation of items. Respondents were also asked if they had witnessed or perpetrated any of the 21 items.

This study aims to replicate the BWBS in Ireland, employing the same questionnaire and sampling methodology, in order to establish the prevalence of negative acts in the workplace in a nationally representative sample of Irish employees.

Specific objectives for the survey include:

1. To measure the prevalence of the direct experience of negative acts in a representative sample of Irish employees, employing the same design, measurement instrument and sampling strategy as used in the BWBS.
2. To compare prevalence across various sub groups within the working population: men and women, younger and older workers, and between workers and groups found in the BWBS to be vulnerable to ill treatment, (for example people with disabilities and long-term health conditions).
3. To compare prevalence across occupational groups and sectors.
4. To explore the relationship between experience of ill treatment and risk factors for workplace stress
5. To measure the prevalence of the witnessing of negative acts in a representative sample of Irish employees.
6. To measure the prevalence of the self reported perpetration of negative acts in a representative sample of Irish employees.

²⁴ Nielsen MB., Matthiesen SB. & Einarsen, S. (2010). The Impact of Methodological Moderators on Prevalence Rates of Workplace Bullying: A meta-analysis. *Journal of Occupational and Organizational Psychology*, 83(4):955-79

2 Survey Methodology

This project involved a survey of a national probability sample of employees focusing on workplace behaviour. The population for the survey consists of people aged 18 and over who had worked as employees in the previous two years, with a completed sample size of 1,500. In addition to the general sample at least 200 non-Irish nationals and 74 persons with a disability were sampled.

2.1 Sampling Frame

There is no national register of employees or of persons in Ireland. Surveys of the general population living in private households rely on samples drawn from the GeoDirectory. This is a joint project of An Post and Ordnance Survey Ireland, and lists all addresses in Ireland with an identifier for residential addresses. The GIS co-ordinates of each address are available on the GeoDirectory, as well as other regional identifiers such as county, electoral division and town land. One aspect of the GeoDirectory relevant for the calculation of gross sample size is that it does not identify all vacant addresses. According to Census 2011, 15.05 per cent of residential addresses in Ireland are vacant. The GeoDirectory (Q2 2014 release) identifies only 5.65 per cent of residential addresses as vacant or holiday homes. Thus, it would be expected that approximately 9.4 per cent of sampled addresses selected would be vacant. There is no way to identify these in advance of fieldwork, therefore this was allowed for in calculating the gross sample size.

2.2 Sample Design and Data Collection

The sample required was a probabilistic or statistical sample of primary sampling units, or clusters of addresses, with four starting addresses selected in each cluster from which five responses would be generated using a random route methodology. The clustering and random route method was chosen in order to maximise the efficiency of fieldwork – reducing the time and cost of interviewer travel. The stages in sample selection were:

Stage 1: Selection of 160 clusters or primary sampling units (PSUs). Clusters consist of geographically contiguous addresses that lie within the boundaries of counties in groups with a minimum of 500 residential addresses. Clusters are selected in proportion to the number of residential addresses in the cluster. Prior to selection, the clusters were sorted by location (county and location within county) and socio-economic status (socio-economic group, matched on from the Census 2011 small area population statistics). This provided an implicit stratification by location (which is correlated with population density) and socio-economic status. Clusters were selected using systematic sampling following a random start.

Stage 2: Selection of four start addresses within each cluster. Since the clusters themselves were selected with probability proportional to size, the selection of an equal number of start addresses within each cluster results in each address having an equal probability of selection. In the field, interviewers followed detailed instructions in order to generate up to five interviews from each starting address.

Stage 3: Selection of the individual for interview in the household. In line with best practice, one employee aged 18 or over was selected for interview in each household, using a random procedure such as the 'last birthday' rule. The number of clusters and the number of addresses per cluster were selected so as to ensure the most efficient use of fieldwork resources whilst achieving a sufficiently large sample size.

All fieldwork was conducted by market research company Amárach Research between May - September 2015. Face-to face interviews were conducted in participant's homes.

2.3 Survey Instrument

The questionnaire included:

- Screening questions related to working status
- Demographic questions (age, gender, educational status, income, ethnicity, religion, main language, etc.)²⁵
- BWBS Scale (modified Negative Acts Questionnaire) comprising 21 items of ill treatment:
 - Experience of the 21 items with scaled response options (never, just once, now and then, monthly, daily)
 - Confirmed experience of the 21 items (yes/no)
 - Witnessing the 21 items (yes/no)
 - Perpetrating the 21 items (yes/no)
- Role at work (managerial duties, job permanence, occupation)
- Sector, occupational group, public/private
- Nature of the workplace (size of organisation, staff composition)
- Work conditions (control at work, pace and intensity of work)
- Predictors of workplace stress (Work Positive measure, 31 items)

Screening questions

A number of screening questions were employed at the start of the questionnaire: working status, employee/employer status; full/part time status, in order to screen out those never employed, not employed in past two years or self employed.

Demographic questions and workplace characteristics

Participants were asked about their gender, their age, ethnicity, education, disability, place of residence (province) and their income category. Participants also provided information on the type and size of organisation they worked in (current or most recent), the composition of the workforce, their status (managerial or not), their job permanence and their membership of a trade union.

BWBS scale - Experiencing, witnessing and carrying out ill treatment items

The questionnaire included a scale from a survey conducted in Britain (BWBS survey)²⁶ that comprised a modified version of the Negative Acts Questionnaire devised by Einarsen et al (2009)²⁷

Participants were asked to respond whether they had experienced 21 items (Q1) describing ill treatment on a 5-point scale (1: Never; 2: Just once; 3: Now and then; 4: Monthly; 5: Weekly; 6: Daily) this was followed by asking if they had witnessed (Q2) the same items (response options: 1=Yes/0=No) and then if they had perpetrated (Q3) the same items of behaviour (response options: 1=Yes/0=No). The original question (Q1) asking participants to respond if they had experienced the items was repeated using a yes/no response option (Q4) to confirm the original report of experiences. These 'confirmatory responses' were the ones employed in the data analysis.

FARE items

Participants were asked a series of questions concerning their perception of their workplace and their work, based on items used in the UK based Fair Treatment at Work survey²⁸, and also employed in the BWBS survey, termed

²⁵ Sexual orientation was covered in the BWBS but not in the IWBS, it was considered too sensitive a subject to include in a face-to-face survey in Ireland at the time.

²⁶ Fevre, R., Lewis, D., Robinson, A. & Jones, T. (2011). *Insight into Ill treatment in the Workplace: Patterns, Causes and Solutions*. Cardiff: School of Social Sciences, Cardiff University

²⁷ Einarsen, S. & Raknes, B.I. (1997). Harassment in the Workplace and the Victimisation of Men. *Violence and Victims*. 12(3), 247-263 and Einarsen, S., Hoel, H., & Notelaers, G. (2009). Measuring Bullying and Harassment at Work: Validity, Factor Structure, and Psychometric Properties of the Negative Acts Questionnaire - Revised. *Work & Stress*, 23(1), 24-44

²⁸ Fevre, R., Nichols, T., Prior, G. & Rutherford, I. (2009). *Fair Treatment at Work Report: Findings from the 2008 Survey*. Employment Relations Research Series No. 103. Department for Business, Innovation and Skills, London

the FARE items²⁹. They explore the degree to which individual workers perceive they matter in an organisation and also their control over pace and intensity of work.

Work Positive items

Work Positive is a risk assessment tool that measures risk factors for work-related stress. It has been developed by the Health and Safety Authority³⁰, based on the HSE (UK) management tool³¹, which in turn is based on an evidence review that identified and isolated key causal factors for work-related stress. The six factors are demands, control, support, relationships and role change. An adapted version was included in the questionnaire. The measure comprises 35 questions, and the adapted version used here contains 31 items (All items, see Appendix 1).

2.4 Sample Weights

Data from all sample surveys must be reweighted or statistically adjusted prior to analysis. The purpose of this adjustment is to compensate in the completed sample for any potential biases that may occur due to sampling error or differential response rates among sub-groups of the population. This process ensures that the completed sample is representative of the target population from which it has been selected.

The weighting of the data involved calibrating the sample to population control totals using an approach based on a minimum information loss algorithm. The population characteristics used as controls were derived from the Quarterly National Household Survey (QNHS) from Q2, 2015. The Quarterly National Household Survey is designed to provide information on the labour force and is the most reliable and up-to-date national source of data for this purpose. There were 16,446 employees in the second quarter of the QNHS in 2015.

The weighting parameters, as shown in Table 2.1, included:

- Gender by age group
- Gender by presence of disability
- Gender by whether an Irish national
- Gender by education
- Gender by occupation
- Gender by number of children
- Region

The re-calibration is conducted using the ReGenesees programme in R, developed at the Italian National Institute of Statistics.³² This is an open-source programme for design-based and model-assisted analysis of complex sampling surveys, which incorporates a sub-routine for calibration of samples (Zardetto, 2014)³³. The re-calibration involved constructing weights so that the distribution of these characteristics in the sample (shown in the last column of Table 2.1) matched those of the QNHS (shown in the second column of figures). In constructing the weights, the 'logit' distance function was used and weights were constrained to range from 0.2 to 5 times the average weight.

²⁹ Fevre, R., Lewis, D., Robinson, A. & Jones, T. (2011). *Insight into Ill treatment in the Workplace: Patterns, Causes and Solutions*. Cardiff: School of Social Sciences, Cardiff University

³⁰ Work Positive Project, Health and Safety Authority

http://www.hsa.ie/eng/Workplace_Health/Workplace_Stress/Work_Positive/Work_Positive_Project_2008-2009/

³¹ HSE indicator tool www.hse.gov.uk/stress/standards/pdfs/indicatortool.pdf

³² ReGenesees was developed as an open-source substitution for the SAS-based version of GENESEES, to calibrate sample observations and to calculate sampling variance. It has been used at ISTAT since 2007. ReGenesees is available at JOINUP — the European Commission open source software repository <https://joinup.ec.europa.eu/software/regenesees/description>. Further information can be found at: <http://www1.unece.org/stat/platform/display/msis/ReGenesees>

³³ Zardetto, D. (2014). *Package ReGenesees: R evolved Generalized software for sampling estimates and errors in surveys*. Available at <http://www.istat.it/en/files/2014/03/ReGenesees.pdf>

As can be seen by comparing the percentages from the QNHS to the percentages from the sample, the sample is generally quite close to the national figures. The main adjustment needed was to occupational category. Among females, employees in sales and customer services were overrepresented compared to the QNHS while males in elementary (unskilled) occupations were overrepresented compared to the national figures. Two weighting variables were provided on the dataset: 'Weight' sums to the sample size (1764) and has a mean of 1; 'Gross' sums to the population size (1,551,601) and has a mean of 880. 'Weight' = Gross/880.

Table 2.1: Calibration Totals Used For Construction of Weights on 2015 Workplace Behaviour Survey

		QNHS Q2 2015, Employees		Workplace Survey	
		(N, '000s)	% employees	N cases	% of sample
Sex by age	Male, 15-24	53.7	3%	55	3%
	Male, 25-34	209.2	13%	251	14%
	Male, 35-44	231.5	15%	255	14%
	Male, 45-54	168.0	11%	189	11%
	Male, 55 and up	103.0	7%	158	9%
	Female, 15-24	45.4	3%	75	4%
	Female, 25-34	227.1	15%	249	14%
	Female, 35-44	225.1	15%	245	14%
	Female, 45-54	179.8	12%	149	8%
	Female, 55 and up	108.7	7%	138	8%
Disability	No disability	1502.1	97%	1667	95%
	Male, with disability	24.0	2%	50	6%
	Female, with disability	25.4	2%	47	6%
Sex by education	Male, Lower 2nd level or less	121.6	8%	130	7%
	Male, Higher 2nd level	206.7	13%	329	19%
	Male, Cert or diploma	179.3	12%	174	10%
	Male, Degree or higher	257.9	17%	275	16%
	Female, Lower 2nd level or less	68.9	4%	90	5%
	Female, Higher 2nd level	185.9	12%	231	13%
	Female, Cert or diploma	229.8	15%	235	13%
	Female, Degree or higher	301.6	19%	300	17%
Sex by occupation	Male, Managers & Senior Officials	62.4	4%	96	5%
	Male, Professionals	125.5	8%	67	4%
	Male, Assoc. Profess. & Technical	114.3	7%	114	6%
	Male, Administrative & Secretarial	39.6	3%	49	3%
	Male, Skilled Trades	150.4	10%	93	5%
	Male, Personal Services	23.0	1%	20	1%
	Male, Sales & Customer Services	46.1	3%	135	8%
	Male, Process, Plant & Machine Op.	96.8	6%	54	3%
	Male, Elementary Occupations	107.3	7%	280	16%
	Female, Managers & Senior Officials	37.8	2%	53	3%
	Female, Professionals	187.2	12%	117	7%
	Female, Assoc. Profess. & Technical	81.5	5%	113	6%
	Female, Administrative & Secretarial	155.7	10%	144	8%
	Female, Skilled Trades	18.0	1%	30	2%
	Female, Personal Services	114.9	7%	95	5%
	Female, Sales & Customer Services	94.5	6%	187	11%
	Female, Process, Plant & Machine Op.	18.9	1%	8	0%
	Female, Elementary Occupations	77.8	5%	109	6%
Ethnicity	Irish national	1207.4	78%	1348	76%
	Male, Non-Irish	178.9	12%	250	14%
	Female, Non-Irish	165.4	11%	166	9%
Sex by number Children	No children	845.3	54%	1047	59%
	Male, 1 child	120.4	8%	121	7%
	Male, 2+ children	227.9	15%	243	14%
	Female, 1 child	148.5	10%	116	7%
	Female, 2+ children	209.5	13%	237	13%
Region	Dublin	495.9	32%	612	35%
	Border, Midlands & West	377.2	24%	490	28%
	South and East	678.5	44%	662	38%

3 Survey Outcomes

This section presents the survey response rate and demographic profile of the sample. All estimates in the sample profile (section 3.2) are unweighted to present sample demographics.

3.1 Response Rate

Table 3.1 below shows the survey outcomes and the calculation of the response rate. Of the gross sample of 3200 addresses, interviews were completed at 1764. The response rate is defined by the percentage of eligible addresses where an interview was conducted. In calculating the final response rate two adjustments were made to the raw outcomes as shown in the Table 3.1.

1. The first adjustment is to take account of vacant addresses. From Census 2011 data it is known that 9.4 per cent of addresses in a GeoDirectory sample will be vacant, or 301 in the present sample. However, interviewers are not able to identify all vacant addresses (only 52 were classified as vacant by interviewers as shown in the first column), with the remainder coded as 'no-contact'. The first adjustment involves moving the difference between these two figures (249 cases) into the 'vacant' category and subtracting them from the 'non-contacts'.
2. The second adjustment involves estimating the number of cases of unknown eligibility (because no contact was made or because of a language barrier) that were likely to have been eligible. This was done by using the information on the eligibility rate of the non-vacant contacts (i.e. $(B+N)/(B+N+D)$ or 82%). This calculation led to an expectation that 330 of the 401 'unknown eligibility' cases would be eligible.

These adjustments give the revised number of eligible addresses (1764+623) and the response rate was calculated as the total completed (1764) divided by the total eligible (1764+623) or 74%.

Table 3.1: Survey Outcome Details

	Raw Outcomes	Adjustment 1	Adjusted 1	Adjustment 2	Adjusted 2
A	Gross Sample (160 clusters of 4 X 5 addresses)	3200	3200		3200
B	Completed Interviews	1764	1764		1764
<i>Ineligible addresses</i>					
C	Vacant (incl. derelict/demolished)	52	249	301	301
D	No employee	441	441		441
E	Total ineligible	493	742	71	813
<i>Unknown Eligibility (unknown if employee in household)</i>					
F	Household Refusal (no opportunity to ask for eligible)	183	183		
G	Language barrier	54	54		
H	Non contact (no reply, could not gain access)	413	-249	164	
I	Total unknown eligibility	650	401	-401	
<i>Eligible non-responding addresses</i>					
J	Respondent refused.	221	221		221
K	Respondent temp. absent throughout fieldwork	45	45		45
L	Respondent physically/mentally ill or incapacitated.	13	13		13
M	Other reason	14	14		14
N	Total eligible non-respondents	293	293	330	623
O	Response Rate B/(B+N)				74%

Note: Adjustment 1 corrects for the expected number of vacant dwellings while adjustment 2 estimates the number of cases of 'unknown eligibility' who are likely to have been eligible.

3.2 Sample Profile

Those surveyed comprised 51.5% males and 48.5% females. The majority of the sample reported white ethnicity (89%) and the next largest ethnic group was of Asian background (6.2%). Christian was the largest religious group (84%) followed by having no religion (10%). Among males there were higher percentages within Asian and Black ethnic groups than among females ($\chi^2=18.3$, $p=0.001$). Among both males and females 6% reported having a disability.

Table 3.2: Percentage within Each Age Group by Gender and Sample Totals (Unweighted)

Age group	Male % (n)	Female % (n)	Total % (n)
18-24	6.1 (55)	8.8 (75)	7.4 (130)
25-34	27.6 (251)	29.1 (249)	28.3 (500)
35-44	28.1 (255)	28.6 (245)	28.3 (500)
45-54	20.8 (189)	17.4 (149)	19.2 (338)
55+	17.4 (158)	16.1 (138)	16.8 (296)

Table 3.3: Sample Ethnicity (Unweighted)

Ethnicity	% (n)
White Irish	76.4 (1348)
White British	1.9 (33)
Any other White background (Including eastern EU)	10.3 (182)
Mixed background (White & Black Caribbean, White & Black African, White & Asian)	1.4 (24)
Asian background (Including Bangladeshi, Pakistani, Indian, Chinese)	6.2 (110)
Black African	1.9 (34)
Any other Black background (Including Black Caribbean)	0.3 (6)
Any other	1.5 (27)

Table 3.4: Percentage Reporting Ethnicity, by Gender and Sample Totals (Unweighted)

Ethnicity	Male (n=908) % (n)	Female (n=856) % (n)	Total (n=1764) % (n)
White	84.7 (769)	92.8 (794)	88.6 (1563)
Mixed	1.5 (14)	1.2 (10)	1.4 (24)
Asian	8.9 (81)	3.4 (29)	6.2 (110)
Black	3.3 (30)	1.2 (10)	2.3 (40)
Other	1.5 (14)	1.5 (13)	1.5 (27)
χ^2	18.28		
p	0.001		

Table 3.5: Percentage Reporting Religious Affiliation, by Gender and Sample Totals (Unweighted)

Religion	Male (n=908) % (n)	Female (n=856) % (n)	Total (n=1764) % (n)
Christian	81.4 (739)	86.9 (744)	84.1 (1483)
Buddhist	0.4 (4)	0.1 (1)	0.3 (5)
Hindu	2.3 (21)	1.4 (12)	1.9 (33)
Jewish	0.1 (1)	0.2 (2)	0.2 (3)
Muslim	3.6 (33)	0.7 (6)	2.2 (39)
Sikh	0.1 (1)	0.1 (1)	0.1 (2)
Any other religion	0.3 (3)	0.6 (5)	0.5 (8)
No religion	10.9 (99)	9.5 (81)	10.2 (180)
Refused	0.8 (7)	0.5 (4)	0.6 (11)

Table 3.6: Percentage Reporting Educational Status, by Gender and Sample Totals (Unweighted)

Education	Male % (n)	Female % (n)	Total % (n)
Higher degree	12.0 (108)	14.5 (124)	13.2 (232)
Primary degree	16.8 (152)	19.6 (167)	18.2 (319)
Diploma	19.2 (173)	27.5 (235)	23.2 (408)
Upper secondary	21.0 (190)	20.2 (172)	20.6 (362)
Vocational	15.6 (141)	6.9 (59)	11.4 (200)
Lower secondary	11.7 (106)	8.4 (72)	10.1 (178)
Primary	2.4 (22)	2.1 (18)	2.3 (40)
None	1.2 (11)	0.7 (6)	1.0 (17)

Table 3.7: Percentage Reporting Disabilities, by Gender and Sample Totals (Unweighted)

Disability	Male % (n)	Female % (n)	Total % (n)
Deafness or severe hearing impairment	1.1 (10)	0.2 (2)	0.7 (12)
Blindness or severe visual impairment	0.1 (1)	0.4 (3)	0.2 (4)
A condition that substantially limits one or more basic physical activities	0.9 (8)	1.1 (9)	1 (17)
A learning difficulty	0.8 (7)	0.9 (8)	0.9 (15)
A long-standing psychological or emotional condition	0.8 (7)	0.5 (4)	0.6 (11)
Other, including any long-standing illness	2.3 (21)	2.8 (24)	2.6 (45)
No disability	93.3 (847)	92.8 (794)	93 (1641)
Refused	0.8 (7)	1.2 (10)	1 (17)
Don't know	0.4 (4)	0.6 (5)	0.5 (9)

3.3 Original and Confirmed Report of Experience of Ill Treatment Items (Unweighted)

The BWBS scale of ill treatment items was initially presented to participants with a range of responses for each item. Later during the interview the same items were presented and participants were asked to confirm the items they had initially selected. Table 3.8 shows the percentage change between the original and confirmatory responses for each item in the BWBS scale. All items showed a reduced response on confirmation and the average reduction was 35%.

Table 3.8: Experience of Ill Treatment Original, Confirmed and Percentage Reduction in Responses (Unweighted)

BWBS ill treatment items experienced	Original response		Revised response		Reduction*	
	n	%	n	%	n	% of original response
Someone withholding information which affects performance	206	11.7	126	7.2	80	39
Pressure from someone to do work below their level of competence	228	12.9	142	8.1	86	38
Having opinions and views ignored	491	27.9	344	19.5	147	30
Someone continually checking up on work when it is not necessary	324	18.4	199	11.3	125	39
Pressure not to claim something which by right staff are entitled to	136	7.7	89	5.0	47	35
Being given an unmanageable workload or impossible deadlines	488	27.6	342	19.4	146	30
Employers not following proper procedures	333	18.9	232	13.2	101	30
Employees being treated unfairly compared to others in the workplace	287	16.3	189	10.7	98	34
Being humiliated or ridiculed in connection with their work	178	10.1	122	6.9	56	31
Gossip and rumours being spread or allegations made against others	173	9.8	106	6.0	67	39
Insulting or offensive remarks made about people in work	260	14.7	178	10.1	82	32
Being treated in a disrespectful or rude way	410	23.2	289	16.4	121	30
People excluding others from their group	222	12.6	148	8.4	74	33
Hints or signals that they should quit their job	139	7.9	92	5.2	47	34
Persistent criticism of work or performance which is unfair	220	12.5	124	7.0	96	44
Teasing, mocking, sarcasm or jokes which go too far	251	14.2	162	9.2	89	35
Being shouted at or someone losing their temper	360	20.4	265	15	95	26
Intimidating behaviour from people at work	296	16.8	183	10.4	113	38
Feeling threatened in any way while at work	186	10.5	125	7.1	61	33
Actual physical violence at work	63	3.6	38	2.1	25	40
Injury in some way as a result of violence or aggression at work	53	3	28	1.6	25	47
N = 1764 (unweighted data)	Average % reduction					35

*There were no cases in which a respondent added a behaviour item; all changes were in terms of making reductions rather than additions.

4 Results: Experience, Witness and Perpetration of Ill Treatment in the Workplace

The following sections present the extent to which ill treatment was experienced, witnessed and perpetrated in the workplace in Ireland. Participants were initially asked to respond to the series of 21 items of ill treatment with 5 response options that ranged from never to daily. In this initial part of the survey respondents were asked if they had experienced these items, this was followed by asking for confirmation of responses to the same items with yes/no options for each. The items were presented a second time, asking if respondents had witnessed any, with a yes/no option for each. A third presentation of the items asked respondents if they had perpetrated any (yes/no options).

The BWBS survey classified the 21 individual ill treatment items into three factors, unreasonable management (UM), incivility and disrespect (ID) and violence and injury (VI), based on factor analyses. A comparative factor analysis was conducted on the Irish data, and the three factor structure was confirmed³⁴. Overall outcomes for these three factors are presented in the following sections and relationships between these and various respondent demographic and workplace characteristics are examined under the following headings:

- Relationships between ill-treatment factors and demographics (gender, ethnicity, age, education, area of residence, disability and income),
- Relationships between ill-treatment factors and organisational characteristics (size of organisation and employee composition, occupational sector, public/private, presence of trade union),
- Relationships between ill-treatment factors and work role (management duties, job permanence, trade union membership)
- Relationships between ill-treatment factors and workplace conditions (FARE items for experience, witness and perpetration of ill treatment, and Work Positive items for experience of ill treatment)

Testing of univariate relationships was followed by multivariate analysis to determine the main predictors of ill treatment outcomes as outlined in Table 4.1.

Table 4.1: Factors of Ill Treatment Presented in Each Section

Factor of ill treatment	Description	Experienced*	Witnessed	Perpetrated
Unreasonable management	Report of at least one of the 8 items within this factor	x	x	x
Incivility or disrespect	Report of at least one of the 11 items within this factor	x	x	x
Physical violence or injury	Report of at least one of the 2 items within this factor	x	x	x
At least one item	Report of at least one of all 21 items	x	x	x
At least 2 items weekly	Reported at least 2 weekly derived from responses to Q1 and confirmed at Q4 ³⁵	x		
At least 2 items daily	Reported at least 2 daily derived from responses to Q1 and confirmed at Q4	x		

* For experienced items this was derived from confirmed report of the item (Q1 & Q4)

³⁴ Principal axis factoring using oblimin rotation and Kaiser normalisation. Rotation converged on 21 iterations with the pattern matrix showing the 3 distinct groups of items as used in the BWBS

³⁵ Criterion frequently used as an indicator of bullying (Personal Communication from M. O'Driscoll, 2016)

4.1 Experience of Ill Treatment in the Workplace

A Venn diagram showing percentages within each ill-treatment factor and for overlap between factors is presented in Figure 4.1.1. At least one item of ill treatment was experienced by 43% of participants. Items classified as unreasonable management were experienced by 37%, with 31% reporting experience of incivility or disrespect and 2.6%, violence or injury. Overlap occurred between these factors, particularly between unreasonable management and incivility or disrespect (25.0%). There was a 2.3% overlap between those experiencing incivility and violence, a 2.2% overlap between those experiencing violence and unreasonable management and 2.0% experienced items in all three categories.

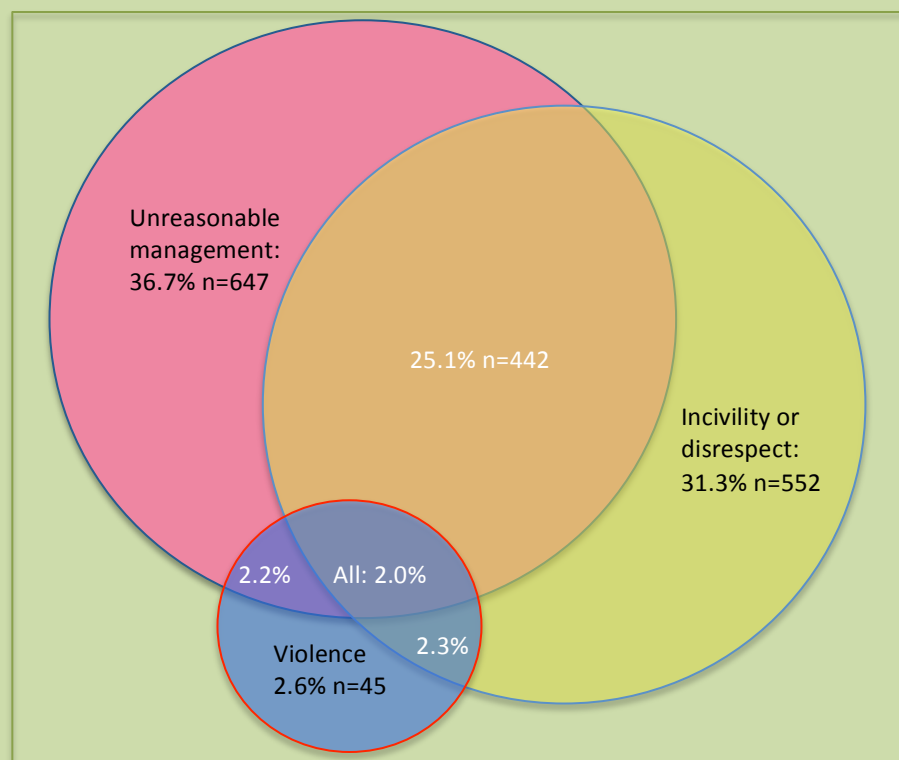


Figure 4.1.1: Percentages within Each Ill-Treatment Factor Experienced

4.1.1 Confirmed Ill Treatment Experienced in the Workplace (Weighted)

Percentages of confirmed responses to individual items within the three ill-treatment factors, unreasonable management, incivility or disrespect and violence or injury are presented in Table 4.1.1 in the Total column and are also presented by gender. For the majority of items (17), females reported higher percentages of ill treatment. Four of the 21 items showed significantly ($p < 0.05$, Pearson's chi square) higher percentages for females: Having opinions and views ignored (1.4x), Being treated in a disrespectful or rude way (1.4x), Intimidating behaviour from people at work (1.8x) and Injury in some way as a result of violence or aggression at work (2.5x).

Table 4.1.1: Percentage Who Experienced Ill-Treatment Items within Each Gender

Ill treatment item experienced	Female %	Male %	Total %	chi	p	OR
Unreasonable management						
Someone withholding information which affects performance	7.4	7.0	7.2	0.095	0.758	1.1 (0.7-1.5)
Pressure from someone to do work below their level of competence	8.3	7.8	8.0	0.137	0.711	1.1 (0.8-1.5)
Having opinions and views ignored	21.9	17.0	19.5	6.778	0.009	1.4 (1.1-1.7)
Someone continually checking up on work when it is not necessary	11.7	10.8	11.3	0.39	0.533	1.1 (0.8-1.5)
Pressure not to claim something which by right staff are entitled to	4.7	5.4	5.0	0.457	0.499	0.9 (0.6-1.3)
Being given an unmanageable workload or impossible deadlines	19.0	19.8	19.4	0.161	0.689	1.0 (0.8-1.2)
Employers not following proper procedures	12.5	13.8	13.2	0.604	0.437	0.9 (0.7-1.2)
Employees being treated unfairly compared to others in the workplace	11.6	9.7	10.7	1.812	0.178	1.2 (0.9-1.7)
Incivility or disrespect						
Being humiliated or ridiculed in connection with their work	7.7	6.1	6.9	1.811	0.178	1.3 (0.9-1.9)
Gossip and rumours being spread or allegations made against others	6.9	5.1	6.0	2.752	0.097	1.4 (0.9-2.1)
Insulting or offensive remarks made about people in work	10.5	9.7	10.1	0.359	0.549	1.1 (0.8-1.5)
Being treated in a disrespectful or rude way	18.5	14.3	16.4	5.687	0.017	1.4 (1.1-1.8)
People excluding others from their group	9.6	7.2	8.4	3.251	0.071	1.4 (1.0-1.9)
Hints or signals that they should quit their job	5.4	5.2	5.3	0.036	0.849	1.0 (0.7-1.6)
Persistent criticism of work or performance which is unfair	7.5	6.6	7.0	0.610	0.435	1.2 (0.8-1.7)
Teasing, mocking, sarcasm or jokes which go too far	8.5	9.9	9.2	0.998	0.318	0.8 (0.6-1.2)
Being shouted at or someone losing their temper	15.9	14.1	15.0	1.073	0.300	1.1 (0.9-1.5)
Intimidating behaviour from people at work	13.1	7.6	10.4	14.411	0.001	1.8 (1.3-2.5)
Feeling threatened in any way while at work	7.9	6.2	7.1	2.016	0.156	1.3 (0.9-1.9)
Violence or injury						
Actual physical violence at work	2.7	1.6	2.2	2.441	0.118	1.7 (0.9-3.3)
Injury in some way as a result of violence or aggression at work	2.2	0.9	1.6	4.900	0.027	2.5 (1.1-5.6)

*OR = How many times more likely females reported experiencing the behaviour than males. Grey shading highlights significant relationships between the behaviour items and gender.

4.1.2 Relationships between Experience of Ill-Treatment Factors and Demographic Factors

Summary tables for experience of ill-treatment factors by demographic factors (gender, ethnicity, age, education, place of residence and disability) are presented in Tables 4.1.2 – 4.1.5 below.

There was no significant difference in each of the three factors of ill treatment by the gender of those experiencing it (Table 4.1.2). However, there were significantly ($p = 0.032$, chi square test) more females (2.7%) experiencing at least two items of ill treatment daily than males (1.3%).

Table 4.1.2: Percentage Experiencing Ill Treatment among Demographic Groups

	Unreasonable management %	Incivility or disrespect %	Violence or injury %	At least one item %	At least two items weekly %	At least two items daily %
TOTAL	36.68	31.27	2.55	43.06	8.96	1.98
Gender						
Female	36.73	33.00	3.13	43.74	9.73	2.68
Male	36.62	29.51	1.95	42.37	8.16	1.26
P	0.963	0.114	0.117	0.561	0.248	0.032
Ethnicity						
White	35.75	29.96	2.14	42.16	9.00	1.95
Asian	44.83	47.13	6.90	52.33	4.65	0.00
Black or Mixed	46.07	39.33	5.68	50.00	12.36	4.49
P	0.040	0.001	0.004	0.072	0.200	0.099
Age						
18-24	33.93	35.71	1.77	46.02	12.39	1.79
25-34	42.14	35.69	2.82	47.78	12.10	3.43
35-44	34.87	31.98	5.01	41.43	8.48	2.12
45-54	32.41	25.06	0.25	37.88	7.09	0.51
55+	37.34	29.05	0.83	43.98	4.98	0.83
P	0.031	0.010	<0.001	0.042	0.007	0.019
Education						
Primary & Secondary	33.88	29.87	1.34	40.71	8.02	1.19
Undergraduate & Higher	38.49	32.04	3.31	44.42	9.58	2.49
P	0.051	0.338	0.011	0.127	0.268	0.058
Region						
Dublin	31.38	28.42	2.48	35.64	7.10	1.60
Leinster (Excl Dublin)	38.38	33.89	1.40	44.1	11.52	2.24
Munster	41.18	29.60	2.02	47.61	8.64	2.57
Connacht & Ulster	36.33	36.67	5.00	47.33	9.70	1.33
P	0.007	0.045	0.021	<0.001	0.137	0.535
Disability						
Yes	30.36	26.79	3.57	36.84	12.28	3.57
No	36.85	31.40	2.52	43.27	8.90	1.93
P	0.321	0.464	0.623	0.335	0.380	0.387
Income						
Under €10,000	38.10	32.38	1.90	48.08	12.40	4.80
€10,000 - €19,000	38.08	31.67	1.26	44.77	9.20	1.70
€20,000 - €29,000	38.32	36.96	2.99	45.38	10.30	2.40
€30,000 - €39,000	36.92	29.50	1.08	43.01	11.20	1.10
€40,000 - €49,000	44.51	25.00	2.44	47.24	6.70	3.00
€50,000 or more	37.23	31.39	5.15	44.12	9.60	2.90
P	0.714	0.122	0.122	0.941	0.654	0.330

p values derived from chi square tests. Significance set at $p < 0.05$ and highlighted in grey

Ethnicity showed a significant association with each of the three of ill-treatment factors, with those of black/mixed ethnicity experiencing the highest levels of unreasonable management and Asian employees reporting the greater levels of incivility and violence. A higher percentage of unreasonable management was experienced by those between 25-34 years and by those over 55, while the experience of incivility and disrespect decreased with age. Violence was experienced by a higher percentage at mid career (35-44 years). All three types of ill treatment were experienced by a higher percentage of those with third level education. Unreasonable management was experienced more commonly in Munster while incivility or disrespect and violence or injury was more commonly experienced in Connaught/Ulster. Although percentages among those with disabilities were higher for violence and for at least 2 items weekly and daily, differences were not significant ($p>0.05$, Pearson's chi square) compared to those without disabilities, although limitations of small sample size should be noted.

Table 4.1.3: Experience of Ill Treatment by Type of Organisation, Sector, Organisation Size and Presence of a Trade Union or Staff Association

	Unreasonable management %	Incivility or disrespect %	Violence or 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
<i>P</i>	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 & 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 admin. & 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 & 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
<i>P</i>	0.010	0.110	nv	0.140	0.310	nv
Size of organisation						
< 10	26.29	24.78	0.65	34.48	6.03	0.86
10 - 49	42.11	35.54	2.56	48.64	10.09	2.26
50-249	37.50	31.91	3.72	43.09	11.17	2.13
>250	41.56	31.60	3.90	45.89	7.79	3.46
<i>P</i>	<0.001	0.002	0.013	0.000	0.036	0.122
Presence of Trade union						
Yes	40.68	33.07	4.66	46.27	10.42	2.33
No	34.43	29.8	1.31	40.62	8.26	1.88
<i>P</i>	0.009	0.156	<0.001	0.022	0.131	0.521

p values derived from chi square tests. Significance set at $p<0.05$ and highlighted in grey. *nv*: Chi square tests were invalid due to low expected cell count.

4.1.3 Relationships between Workplace Characteristics and Experience of Ill Treatment

Organisational characteristics surveyed included sector, size, type (public/private/voluntary) and presence of trade union(s) in the workplace. Ill treatment was experienced by a higher percentage of employees in small organisations, for unreasonable management and incivility or disrespect (Table 4.1.3, p.15) Large organisations were more likely to experience violence and a severe level of bullying. Those in voluntary and in public sector workplaces were more likely to experience ill treatment in the form of unreasonable management and violence or injury. The presence of a trade union was associated with higher levels of unreasonable management and violence and injury.

Figure 4.1.2 reveals the extent to which ill-treatment factors were experienced in the different sectors above or below their overall levels by presenting the percentage points above and below those levels. It shows that the highest excess for all three factors occurred in the health and social services sector and the greatest decreases occurred in agriculture.

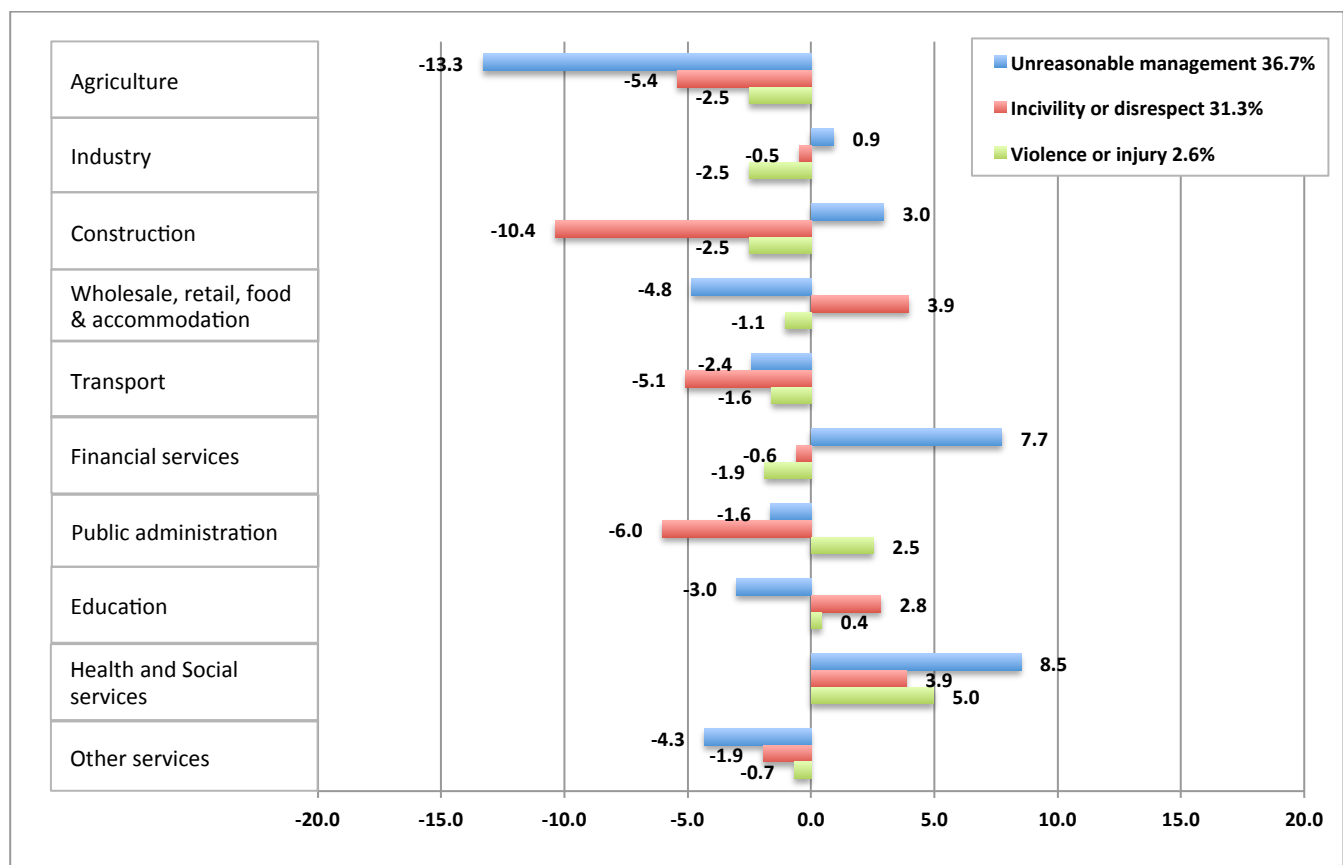


Figure 4.1.2: Percentage Points Above or Below Overall Percentages for Those Experiencing Ill Treatment for Each Factor by Sector

Table 4.1.4 presents percentages of those reporting ill-treatment factors by ethnic, gender and age composition of the workplace staff and also presents outcomes of Spearman's correlations for each factor. Significant ($p < 0.05$) but weak positive correlations were found between all ill-treatment factors and increasing percentage of ethnic employees except for incivility.

With increasing percentage of female employees there were also significant but weak positive correlations with all ill-treatment factors with the exception of unreasonable management. There were no significant correlations between age composition of staff and ill treatment.

Table 4.1.4: Experience of Ill Treatment by Composition of Staff in Terms of Ethnicity, Gender and Age

	Unreasonable management %	Incivility or disrespect %	Violence or 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
<i>Composition of staff in terms of ethnicity (% black or ethnic minorities)</i>						
None (0%)	31.54	27.56	1.54	37.95	6.41	1.41
A few (5-10%)	42.27	33.10	2.92	47.77	11.68	2.74
About a quarter (about 25%)	34.23	34.23	4.07	42.79	8.56	1.80
About half (about 50%)	41.56	40.26	3.90	50.65	12.82	1.30
More than half (about 60%)	80.00	65.00	0.00	80.00	20.00	15.00
About three-quarters (about 75%)	37.50	42.86	0.00	42.86	0.00	0.00
Nearly all (about 85-90%)	25.00	25.00	0.00	25.00	0.00	0.00
All (100%)	0.00	16.67	0.00	16.67	0.00	0.00
Spearman's rho (p value)	0.04 (0.006)	0.03 (0.082)	0.05 (0.001)	0.03 (0.035)	0.04 (0.010)	0.03 (0.029)
<i>Composition of staff in terms of gender (% female)</i>						
None (0%)	30.85	22.77	1.00	35.82	4.98	0.00
A few (5-10%)	39.36	33.33	1.61	45.78	8.43	0.40
About a quarter (about 25%)	41.27	31.75	4.21	46.84	11.58	1.58
About half (about 50%)	35.05	28.87	0.77	41.75	6.17	2.06
More than half (about 60%)	38.46	39.19	3.15	46.85	9.46	3.15
About three-quarters (about 75%)	40.41	31.44	4.15	46.11	13.92	3.09
Nearly all (about 85-90%)	42.33	42.68	7.36	50.31	15.95	4.88
All (100%)	24.37	21.85	0.00	29.41	3.36	2.52
Spearman's rho (p value)	0.01 (0.490)	0.04 (0.006)	0.05 (<0.001)	0.03 (0.034)	0.04 (0.009)	0.02 (0.201)
<i>Composition of staff in terms of age (% of young people under 25)</i>						
None (0%)	28.62	26.71	2.90	35.14	6.88	0.72
A few (5-10%)	40.50	32.50	2.66	47.25	9.59	1.95
About a quarter (about 25%)	40.51	33.08	3.28	46.08	7.85	2.53
About half (about 50%)	33.70	30.40	2.56	41.03	10.62	2.93
More than half (about 60%)	41.18	36.27	1.96	43.14	6.86	0.98
About three-quarters (about 75%)	35.19	35.85	1.85	42.59	12.96	3.77
Nearly all (about 85-90%)	34.78	45.45	0.00	52.17	13.04	8.70
All (100%)	10.00	30.00	0.00	40.00	9.09	0.00
Spearman's rho (p-value)	0.01 (0.667)	0.01 (0.406)	-0.01 (0.326)	-0.003 (0.850)	-0.01 (0.690)	0.02 (0.096)

Significance set at $p < 0.05$ and highlighted in grey.

4.1.4 Relationships between Workplace Role and Experience of Ill Treatment

Table 4.1.5 presents the percentages of those who experienced ill treatment by their occupation group, whether they held managerial or supervisory duties and their job permanence.

Higher but non-significant ($p > 0.05$, Pearson's chi square) percentages of those among the occupational group of managers and senior officials experienced unreasonable management (40.1%) and violence (4.4%). Violence was also experienced by a higher but non-significant percentage of those occupied in personal service (35.6%). Unreasonable management was experienced by those in process plants (40.1%) and associate professional and technical staff (43.2%) and incivility by those in sales and customer service (6.8%).

Significantly ($p < 0.05$, Pearson's chi square) higher percentages of unreasonable management (42.2%) and incivility (36.5%) were reported by those with non-permanent jobs. However, higher reporting of violence among those in permanent positions (2.8%) was not significant. Those having managerial or supervisory duties reported a significantly ($p < 0.05$, Pearson's chi square) higher percentage for experience of at least 2 items weekly (12.3%).

Table 4.1.5: Percentage of Those Who Experienced Ill Treatment by Occupation Group, Managerial or Supervisory Duties and Job Permanence

	Unreasonable management	Incivility or disrespect	Violence or injury	At least one item	At least 2 items weekly	At least 2 items daily
TOTAL	36.68	31.27	2.55	43.06	8.96	1.98
Occupation group						
Managers and senior officials	40.88	35.77	4.35	46.38	14.49	2.17
Professional occupations	34.56	28.33	3.97	38.53	6.52	1.70
Associate professional and technical	43.17	35.24	3.08	49.78	11.89	1.76
Administrative and secretarial	35.02	23.61	0.92	39.81	8.33	0.93
Skilled trade	34.97	33.33	0.55	43.72	9.29	2.73
Personal service	35.57	33.78	6.76	44.30	10.81	3.36
Sales and customer service	34.13	36.90	1.20	46.11	7.19	2.38
Process plant and machine	40.48	29.13	0.00	44.09	10.32	3.94
Elementary	33.99	30.05	0.99	39.41	5.45	0.50
p	0.406	0.083	nv	0.225	0.060	nv
Managerial or supervisory duties						
Yes	40.04	31.39	2.01	45.88	12.27	2.41
No	35.35	31.05	2.79	41.85	7.72	1.83
p	0.066	0.891	0.355	0.124	0.003	0.43
Have a permanent job						
Yes	35.12	29.62	2.78	41.24	8.76	2.29
No	42.19	36.54	1.33	49.83	9.63	0.66
p	0.020	0.018	0.144	0.006	0.629	0.067

p: p value derived from Chi Square test; Significance set at $p < 0.05$ and highlighted in grey.

4.1.5 Relationships between Workplace Conditions and Experience of Ill Treatment

Percentages of participants that responded to the FARE Items are presented in Table 4.1.6. The first column presents the overall percentage in the sample reporting yes or no to each FARE item statement as presented to them. The remaining columns present the percentages among FARE item responses that experienced each ill-treatment factor, at least 1 item of ill treatment and at least 2 items weekly and at least 2 daily. All relationships between FARE items and ill-treatment factors were significant with the exception of the experience of violence with the needs of organisation coming first, where employees have less control than a year ago and where their manager decides specific tasks. Being employed where the manager decides specific tasks was also not significantly related to experiencing at least two items daily.

Overall Table 4.1.6 shows that negative circumstances in the workplace was significantly related to higher experience of ill treatment. A more nuanced analysis against the three factors of ill treatment is presented in Figure 4.1.3. The figure presents all FARE items oriented as negative statements and shows the difference in percentage points from overall percentages of those experiencing each ill-treatment factor. For example the overall percentage experiencing unreasonable management was 36.7%, incivility or disrespect 31.3% and violence

or injury 2.6%. However, among those working in an organisation where individuals do not decide the quality standards by which they work, experience of these behaviours increased by 22.4, 29.6 and 4.9 percentage points respectively.

Table 4.1.6: Percentage of Those Who Experienced Ill Treatment by FARE Items

	Overall %	Unreasonable management %	Incivility or disrespect %	Violence or injury %	At least one item %	At least 2 items weekly %	At least 2 items daily %
Total		36.68	31.27	2.55	43.06	8.96	1.98
Where I work:							
The needs of the organisation always come first	16.10	69.47	57.39	3.52	75.00	22.18	4.58
No	83.90	30.34	26.23	2.30	36.92	6.42	1.49
p		<0.001	<0.001	0.226	<0.001	<0.001	0.001
You have to compromise your principles	8.84	69.03	66.67	5.13	72.26	26.92	5.77
No	91.16	33.52	27.86	2.30	40.24	7.21	1.62
p		<0.001	<0.001	0.032	<0.001	<0.001	<0.001
People are treated as individuals	92.12	32.98	28.04	2.28	39.73	7.02	1.41
No	7.88	79.71	69.06	5.76	82.01	31.65	8.70
p		<0.001	<0.001	0.013	<0.001	<0.001	<0.001
I decide how much work I do or how fast I work	92.63	34.52	29.36	2.33	40.92	7.65	1.71
No	7.37	63.57	55.81	5.38	70.00	25.58	5.43
p		<0.001	<0.001	0.033	<0.001	<0.001	0.004
My manager decides the specific tasks I do	20.69	52.88	40.82	2.19	59.73	13.15	1.92
No	79.31	32.45	28.81	2.64	38.74	7.86	2.00
p		<0.001	<0.001	0.625	<0.001	0.002	0.919
I decide the quality standards by which I work	94.73	35.43	29.62	2.27	41.69	8.32	1.62
No	5.27	59.14	60.87	7.53	67.74	20.43	8.60
p		<0.001	<0.001	0.002	<0.001	<0.001	<0.001
I have less control over my work than a year ago	7.43	67.69	50.00	4.62	70.99	27.69	7.63
No	92.57	34.17	29.76	2.33	40.78	7.47	1.53
p		<0.001	<0.001	0.107	<0.001	<0.001	<0.001
The pace of work in my present job is too intense	13.10	59.13	50.22	6.52	63.64	28.14	7.36
No	86.90	33.27	28.42	1.89	39.92	6.07	1.17
p		<0.001	<0.001	<0.001	<0.001	<0.001	<0.001
The nature of my work changed over the past year	21.60	50.13	38.85	4.20	54.21	14.44	3.94
No	78.40	32.97	29.21	2.10	39.99	7.45	1.45
p		<0.001	<0.001	0.020	0.020	<0.001	<0.001
The pace of work in my job has increased year	23.53	46.27	39.28	6.99	51.69	16.39	4.58
No	76.47	33.73	28.84	1.11	40.40	6.74	1.19
p		<0.001	<0.001	<0.001	<0.001	<0.001	<0.001

p: p value derived from Chi Square test; Significance set at p<0.05 and highlighted in grey.

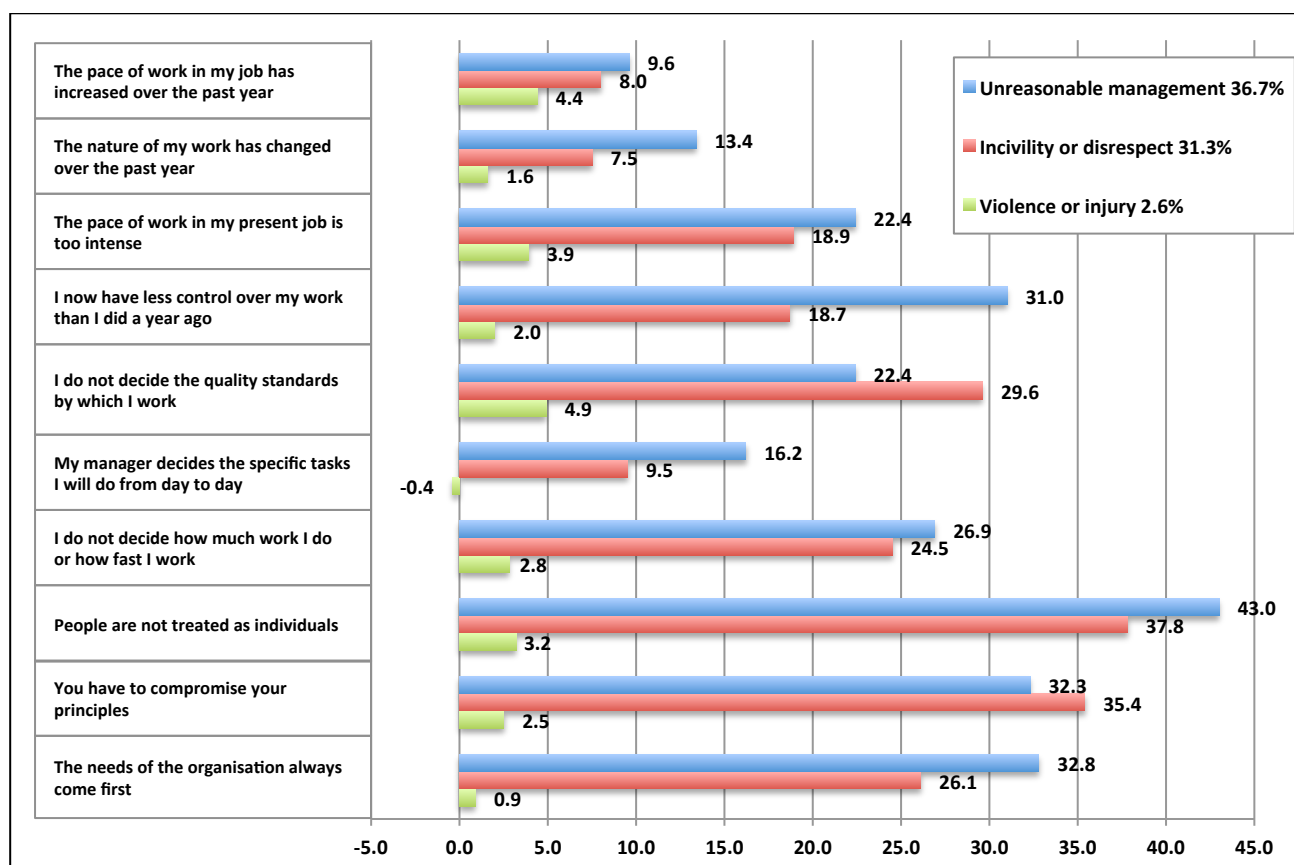


Figure 4.1.3: Difference in Percentage Points from Overall Percentages for Those Experiencing Each Ill-Treatment Factor by FARE Items (Negatively Oriented)

In addition to the workplace characteristic (FARE) items, risk factors for work-related stresses were explored and for this respondents completed 31 items from the HSE Work Positive questionnaire.

The six factors derived from items in the Work Positive questionnaire are demands, control, support, relationships, role and change. For this population-based survey these factors were calculated across items for each individual. Percentages experiencing the factors are presented in Table 4.1.7.

Relationships between the six work positive factors and the three ill-treatment factors (unreasonable management, incivility and violence) were tested. From these Figure 4.1.4 presents, for each work positive factor (negatively oriented, experienced often to always), the percentage points above and below the overall percentages of those experiencing ill-treatment factors unreasonable management, incivility and violence.

Percentage point differences were calculated from the average difference for each item in the six factors (with the exception of relationship, for which only one item was reported). The Figure shows that in high demand low support environments and particularly where there are poor relationships between colleagues there were high percentage point differences from overall levels for all three ill-treatment factors.

Table 4.1.7: Percentages for Each Work Positive Item

Demand	Never %	Seldom – Sometimes %	Often – Always %
Different groups at work demand things from me that are hard to combine	42.35	48.29	9.36
I have unachievable deadlines	42.81	45.56	11.63
I have to work very intensively	12.31	48.09	39.60
I have to neglect some tasks because I have too much to do	33.88	53.65	12.47
I am unable to take sufficient breaks	45.74	45.56	8.69
I am pressured to work long hours	42.92	43.10	13.98
I have to work very fast	17.09	49.95	32.96
I have unrealistic time pressures	35.90	51.80	12.31
Control			
I can decide when to take a break	12.90	32.26	54.85
I have a choice in deciding how I do my work	13.14	35.02	51.84
I have a choice in deciding what I do at work	19.19	44.38	36.43
I have some say over the way I work	6.09	35.24	58.66
My working time can be flexible	22.20	45.69	32.11
Manager support			
I am given supportive feedback on the work I do	6.02	36.96	57.02
I can rely on my line manager to help me out with a work problem	6.95	30.51	62.54
I can talk to my line manager about something that has upset or annoyed me at work	5.42	26.67	67.91
Peer support			
If work gets difficult, my colleagues will help me	4.61	27.58	67.82
I get the help and support I need from colleagues	2.90	28.04	69.06
I receive the respect at work I deserve from my colleagues	1.95	18.58	79.47
My colleagues are willing to listen to my work-related problems	3.41	30.62	65.97
Relationships			
There is friction or anger between colleagues	49.31	43.89	6.80
Role			
I am clear what is expected of me at work	1.68	7.99	90.33
I know how to go about getting my job done	1.94	8.00	90.07
I am clear what my duties and responsibilities are	1.19	9.90	88.91
I am clear about the goals and objectives for my department	2.51	13.22	84.27
I understand how my work fits into the overall aim of the organisation	1.77	14.00	84.23
Change			
I have sufficient opportunities to question managers about change at work	8.83	39.87	51.30
Staff are always consulted about change at work	7.85	36.47	55.68

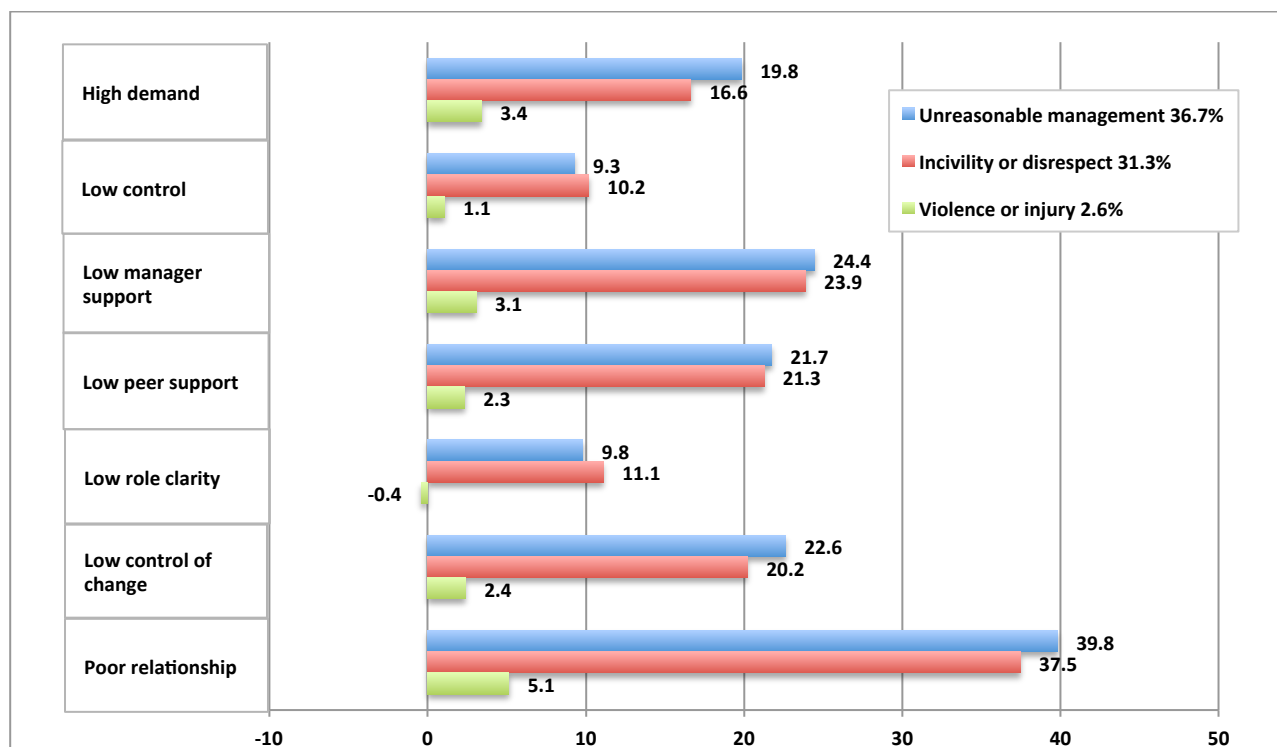


Figure 4.1.4: Percentage Points Difference Compared to Overall Percentages for Those Experiencing Each Ill-Treatment factor by Work Positive Factors (Negatively Oriented)

4.1.6 Predictors for Experiencing Ill Treatment

Having looked at relationships between various demographic and workplace characteristics this section explores which of these are most likely to be associated with the experience of ill treatment.

For the outcomes of multivariate logistic regression models, each ill-treatment factor (violence, unreasonable management and incivility or disrespect) is presented showing how much more likely some characteristics are associated with ill treatment than others. Demographic and workplace related characteristics that were included in these models are shown in Tables 4.1.8 and 4.1.9 with estimates of how much more or less likely a behaviour is to be experienced for each (odd ratios and 95% confidence intervals).

Entering a range of demographic and workplace characteristics in a single model can provide a picture of which has more or less influence in its association with each of the ill-treatment factors. Such models can show whether the inclusion modifies outcomes compared to when these characteristics are analysed alone against the ill-treatment factors. For this purpose the first set of models with outcomes presented in Table 4.1.8 include the FARE items as predictors of ill treatment and the second set of models with outcomes presented in Table 4.1.9 include the Work Positive items.

The tables report odds ratios (these are $\text{Exp}(B)$ values derived from logistic regression models) and their 95% confidence intervals. An odds-ratio (OR) of 2.0 means the demographic or workplace characteristic increases experience of the behaviour by a factor of 2, or makes it twice as likely (marked in pink in table). An OR of 0.5 means the characteristic decreases the behaviour by 50%, or makes it less likely (marked in green in table). For characteristics entered as covariates (i.e. Income), if the OR is above 1, as this characteristic increases, the likelihood of the behaviour occurring increases; if the OR is below 1, as this characteristic increases, the likelihood of the behaviour occurring decreases. For an OR below 1, to determine how much more likely the behaviour is in the reference group, use the formula: $1/\text{OR}$.

4.1.6.1 Models including FARE Items

Experiencing at least one item

Employees were significantly more likely to experience at least one item of the 21 ill treatment items if they lived outside of Dublin (Leinster 2.3x, Munster 3x, Connaught or Ulster 2.9x), worked in the voluntary sector (3.6x), where there was a higher percentage of black or other ethnic employees (1.1x) where the needs of the organisation come first (3.2x), principles have to be compromised (2.7x), everyday tasks are decided by management (1.8x), the pace of work has become too intense (2.5x) and the nature of work has changed over the past year (1.5x). Experience of at least one ill treatment was significantly reduced where there are higher percentages of females and young people employed (-8% and -16% for each increase respectively) and where organisations treat employees as individuals (-68%).

Experiencing violence or injury

Experiencing violence or injury in the workplace was significantly more likely for those of Asian ethnicity (8x), living in Connaught or Ulster (4x), working in the public sector (6x), where the pace of work has increased in the past year (3x) and the pace of work has increased over the past year (9x). Being aged between 45-54 years (-90%), working in an organisation with a higher percentage of young people (-45% for each 25% increase) and where individuals are able to decide the standards by which they work (-83%) significantly decreased the likelihood of experiencing violence.

Experiencing unreasonable management

Experience of unreasonable management was more likely for those living outside of Dublin, working in the voluntary sector, in an organisation with 10-49 employees where the needs of the organisation always come first and principles have to be compromised, management decides day to day tasks, the pace of work has become too intense and the nature of work has changed over the past year. Experience of unreasonable management was significantly reduced with increases in the percentage of females and young people employed (-10% and -16% for each increase respectively), where employees are treated as individuals (-68%) and are able to decide the quality standards by which they work (-52%).

Experiencing incivility or disrespect

Incivility and disrespect was more likely for those who live outside of Dublin, in organisations where the needs of the organisation always come first, principles have to be compromised, management decides day to day tasks and the pace of work has become too intense. Experience of incivility and disrespect were significantly reduced among employees aged between 45-54 years (-56%), working in an organisation with a higher percentage of young people (-16% for each 25% increase), where employees are treated as individuals (-71%) and are able to decide the quality standards by which they work (-62%).

Table 4.1.8: FARE Items Odds Ratios (95% CI) for Experiencing Ill-Treatment Factors

Independent variables (reference category)	Unreasonable management	Incivility or disrespect	Violence	At least 1 of the 21 items
Female (Male)	1.1 (0.8-1.5)	1.3 (0.9-1.8)	1.5 (0.5-4.6)	1.2 (0.9-1.6)
Age (18-24)				
25-34	1.5 (0.8-2.8)	0.8 (0.4-1.4)	1.0 (0.1-16.4)	1.2 (0.6-2.1)
35-44	0.8 (0.4-1.5)	0.7 (0.4-1.3)	1.9 (0.1-29.9)	0.7 (0.4-1.3)
45-54	0.9 (0.5-1.7)	0.4 (0.2-0.8)	0.1 (0.0-2.8)	0.7 (0.4-1.3)
55+	1.0 (0.5-2.0)	0.6 (0.3-1.1)	0.1 (0.0-4.4)	0.9 (0.5-1.7)
Ethnicity (White)				
Asian	0.9 (0.4-1.9)	1.2 (0.5-2.6)	7.8 (1.6-38.8)	0.9 (0.4-2.0)
Black, mixed & other	1.3 (0.6-2.5)	1.5 (0.7-2.9)	2.3 (0.1-46.1)	1.1 (0.6-2.2)
Higher qualification (Secondary and below)	1.4 (1.0-1.9)	1.3 (0.9-1.8)	0.7 (0.2-2.5)	1.4 (1.0-1.9)
Disability (None)	0.8 (0.4-1.9)	1.1 (0.5-2.5)	2.2 (0.2-23.0)	0.9 (0.4-2.0)
Income (increasing income)	1.0 (0.9-1.1)	0.9 (0.8-1.1)	0.8 (0.5-1.2)	1.0 (0.9-1.1)
Region (Dublin)				
Leinster (excluding Dublin)	2.2 (1.4-3.3)	1.8 (1.2-2.8)	0.8 (0.2-3.1)	2.3 (1.6-3.5)
Munster	2.7 (1.8-4.0)	1.5 (1.0-2.3)	0.6 (0.1-2.6)	3.0 (2.0-4.4)
Connaught or Ulster	2.6 (1.6-4.0)	2.4 (1.5-3.7)	3.9 (1.2-13.4)	2.9 (1.9-4.5)
Managerial position	1.3 (0.9-1.7)	1.2 (0.9-1.7)	0.5 (0.2-1.9)	1.4 (1.0-1.9)
Permanent position	0.7 (0.5-1.1)	0.9 (0.6-1.4)	1.6 (0.3-7.0)	0.8 (0.6-1.2)
Trade union operates in the organisation	0.9 (0.6-1.3)	0.9 (0.6-1.4)	1.2 (0.3-5.1)	0.9 (0.6-1.3)
Type of sector (Private)				
Public	1.3 (0.9-1.9)	1.2 (0.8-1.8)	5.7 (1.4-22.4)	1.3 (0.9-1.8)
Voluntary or other	3.0 (1.3-6.9)	1.2 (0.5-2.7)	1.1 (0.0-26.0)	3.6 (1.5-8.7)
Workplace size (less than 10)				
10 to 49	1.6 (1.1-2.2)	1.4 (1.0-2.0)	2.6 (0.5-13.8)	1.5 (1.1-2.2)
50 to 249	1.2 (0.8-1.9)	1.1 (0.7-1.7)	4.1 (0.7-23.8)	1.1 (0.7-1.6)
250 or more	1.3 (0.8-2.2)	1.2 (0.7-2.0)	4.6 (0.6-34.7)	1.2 (0.7-2.0)
Workplace composition – ethnicity (increasing % ethnic)	1.1 (1.0-1.2)	1.0 (0.9-1.1)	1.0 (0.7-1.4)	1.1 (1.0-1.2)
Workplace composition – gender (increasing % female)	0.9 (0.8-1.0)	1.0 (0.9-1.1)	1.0 (0.7-1.4)	0.9 (0.9-1.0)
Workplace composition – age (increasing % younger)	0.8 (0.8-0.9)	0.8 (0.8-0.9)	0.6 (0.4-0.9)	0.8 (0.8-0.9)
FARE items				
The needs of the organisation always come first	3.5 (2.4-5.1)	2.0 (1.4-2.9)	0.3 (0.1-1.3)	3.2 (2.1-4.7)
You have to compromise your principles	2.7 (1.6-4.6)	4.3 (2.6-7.0)	6.5 (1.7-25.2)	2.7 (1.6-4.7)
People are treated as individuals	0.3 (0.2-0.6)	0.3 (0.2-0.5)	1.0 (0.2-4.5)	0.3 (0.2-0.6)
I decide how much work I do or how fast I work	0.9 (0.5-1.5)	0.7 (0.4-1.2)	0.7 (0.2-2.5)	0.7 (0.4-1.2)
My manager decides the specific tasks I will do	1.8 (1.3-2.5)	1.1 (0.8-1.6)	0.5 (0.2-1.8)	1.8 (1.3-2.5)
I decide the quality standards by which I work	0.5 (0.3-0.9)	0.4 (0.2-0.7)	0.2 (0.01-0.7)	0.5 (0.3-1.0)
I now have less control over my work than a year ago	1.7 (1.0-3.0)	0.7 (0.4-1.3)	0.3 (0.0-1.8)	1.5 (0.8-2.6)
The pace of work in my present job is too intense	2.5 (1.6-3.8)	1.9 (1.3-3.0)	2.9 (0.9-9.8)	2.5 (1.6-3.9)
The nature of my work has changed over the past year	1.5 (1.1-2.2)	1.3 (0.9-1.8)	0.5 (0.1-1.6)	1.5 (1.0-2.1)
The pace of work has increased over the past year	1.1 (0.8-1.5)	1.2 (0.8-1.7)	9.2 (2.9-28.9)	1.1 (0.8-1.6)
Number of cases in the model = 1241				
Nagelkerke R Square	0.320	0.262	0.397	0.304
Hosmer and Lemeshow Test (p value)	0.118	0.438	0.001	0.104
Overall percentage predicted by the model	74.7	73.9	97.8	72.7

Significant (p<0.05) OR values above 1

Significant (p<0.05) OR values below 1

The table reports odds ratios (these are Exp(B) values derived from logistic regression models) and their 95% confidence intervals.

4.1.6.2 Models including Work Positive Items

For the 31 HSA Work Positive items included in the survey questionnaire, factor level scores (Demand, Control, Manager Support, Peer support, Role and Change) were calculated as averaged scores across individual cases with a possible range of 1-5 and entry to the logistic regression model as covariates.

Table 4.1.9: Work Positive Factors Odds Ratios (95% CI) for Experiencing Ill-Treatment Factors

Independent variables (reference category)	Unreasonable management	Incivility	Violence	At least 1 of the 21 items
Female (Male)	0.9 (0.6-1.2)	1.0 (0.7-1.5)	1.1 (0.3-3.4)	1.0 (0.7-1.4)
Age (18-24)				
25-34	1.1 (0.6-2.1)	0.7 (0.4-1.2)	1.1 (0.1-11.4)	0.9 (0.5-1.6)
35-44	0.8 (0.4-1.5)	0.7 (0.4-1.4)	1.7 (0.2-18.3)	0.7 (0.4-1.3)
45-54	0.8 (0.4-1.6)	0.5 (0.2-0.9)	0.1 (0.0-2.1)	0.7 (0.4-1.4)
55+	1.0 (0.5-2.0)	0.5 (0.3-1.1)	0.3 (0.0-4.7)	0.8 (0.4-1.6)
Ethnicity (White)				
Asian	0.7 (0.3-1.5)	1.1 (0.5-2.4)	3.1 (0.5-17.3)	0.7 (0.3-1.5)
Black, mixed & other	0.8 (0.3-1.8)	0.8 (0.4-1.8)	1.0 (0.1-19.4)	0.7 (0.3-1.6)
Higher qualification (Secondary and below)	1.4 (1.0-2.0)	1.3 (0.9-1.8)	1.2 (0.3-4.1)	1.4 (1.0-2.0)
Disability (None)	0.9 (0.4-2.0)	1.1 (0.5-2.7)	2.0 (0.2-23.1)	0.9 (0.4-2.2)
Income	1.0 (0.9-1.1)	0.9 (0.8-1.0)	1.0 (0.7-1.4)	0.9 (0.8-1.1)
Region (Dublin)				
Leinster (excluding Dublin)	2.3 (1.5-3.7)	1.8 (1.2-2.8)	0.8 (0.2-3.5)	2.6 (1.7-4.0)
Munster	3.4 (2.3-5.2)	1.6 (1.1-2.5)	0.8 (0.2-3.1)	3.9 (2.6-5.8)
Connaught or Ulster	2.8 (1.8-4.6)	2.4 (1.5-3.8)	3.7 (1.1-12.5)	3.4 (2.2-5.5)
Managerial role	1.3 (0.9-1.8)	1.2 (0.9-1.8)	0.4 (0.1-1.3)	1.4 (1.0-1.9)
Permanent position	1.0 (0.7-1.5)	1.1 (0.7-1.6)	2.7 (0.6-12.6)	1.1 (0.8-1.6)
Trade Union in the organisation	1.0 (0.7-1.5)	1.0 (0.7-1.5)	1.9 (0.4-7.7)	1.0 (0.7-1.5)
Public sector (Private, voluntary or other)	1.0 (0.6-1.4)	1.2 (0.8-1.8)	4.7 (1.3-17.0)	1.0 (0.7-1.5)
Workplace size (less than 10)				
10 to 49	1.7 (1.2-2.5)	1.4 (0.9-2.0)	1.4 (0.3-7.1)	1.6 (1.1-2.3)
50 to 249	1.3 (0.8-2.0)	1.0 (0.6-1.6)	1.9 (0.3-10.7)	1.0 (0.7-1.6)
250 or more	1.3 (0.7-2.2)	1.0 (0.6-1.8)	1.8 (0.3-12.3)	1.0 (0.6-1.8)
Workplace composition – ethnicity (increasing % ethnic)	1.2 (1.0-1.4)	1.2 (1.0-1.4)	1.2 (0.7-2.0)	1.3 (1.1-1.5)
Workplace composition – gender (increasing % female)	1.0 (0.9-1.1)	1.0 (1.0-1.1)	1.1 (0.8-1.6)	1.0 (0.9-1.1)
Workplace composition – age (increasing % younger)	0.8 (0.8-0.9)	0.9 (0.8-1.0)	0.6 (0.4-0.9)	0.8 (0.8-0.9)
Work Positive factors				
Demand (scale: 1=low 5=high)	2.2 (1.8-2.7)	1.4 (1.1-1.7)	1.8 (1.0-3.4)	2.1 (1.7-2.6)
Control (scale: 1=high 5=low)	1.0 (0.8-1.2)	1.0 (0.8-1.2)	0.9 (0.5-1.7)	1.0 (0.8-1.2)
Manager support (scale 1=high 5=low)	0.8 (0.7-1.0)	0.8 (0.6-1.0)	0.7 (0.4-1.3)	0.9 (0.7-1.1)
Peer Support (scale: 1=high 5=low)	1.0 (0.8-1.3)	0.9 (0.7-1.1)	1.7 (0.9-3.1)	1.0 (0.8-1.3)
Clarity on role (scale: 1=high 5=low)	1.1 (0.9-1.4)	1.4 (1.1-1.8)	1.0 (0.5-2.1)	1.1 (0.9-1.4)
Change supports (scale: 1=high 5=low)	0.6 (0.5-0.7)	0.7 (0.6-0.9)	0.6 (0.3-1.1)	0.6 (0.5-0.7)
There is friction or anger between colleagues (1=none 5=high)	1.4 (1.2-1.6)	1.7 (1.4-1.9)	1.3 (0.8-2.1)	1.4 (1.2-1.7)
Significant (p<0.05) OR values above 1	Significant (p<0.05) OR values below 1			

The table reports odds ratios (these are Exp(B) values derived from logistic regression models) and their 95% confidence intervals.

Demand (8 items) was entered with values running from 1=low demand, to 5=high demand. Friction or anger between colleagues remained as the single item and was entered with values running from 1=none, to 5=high.

Control (5 items), Managers support (3 items), Peer support (4 items), Clarity of role (5 items) and Change supports (2 items) were entered with values entered from 1=high, to 5=low.

None of the Work Positive factors significantly increased or decreased the likelihood of physical violence. Those working in high demand settings were more likely to experience unreasonable management (2.2x) and incivility (1.4x) or at least one item of ill treatment (2.1x). Those reporting good managerial support were less likely to experience incivility (-22%). Employees who reported good change supports were less likely to experience unreasonable management (-39%), incivility (-28%) or at least 1 item of ill treatment (-37%).

Another way of considering the relationship between Work Positive factors and ill treatment is to calculate means of the factor scores for each individual when plotted against the total number of items of ill treatment experienced. Figures 4.1.5 – 4.1.8 present estimated marginal (EM) means for Work Positive factors by total number of items that individuals experienced out of the 21 ill treatment items. The EM means were adjusted by gender, age, ethnicity, education, and disability and derived from ANOVA models. In the graphs presented, the final number of items experienced (16) represents 16-21 items.

The figures show that all Work Positive factors showed strong relationships with number of ill treatment items experienced (R^2 values are all above 0.6). High demand workplaces and poor relationship environments were associated with a higher mean number of ill treatment items experienced. Workplace environments where employees had higher control of their work processes, higher manager and peer support, were associated with a lower mean number of items experienced.

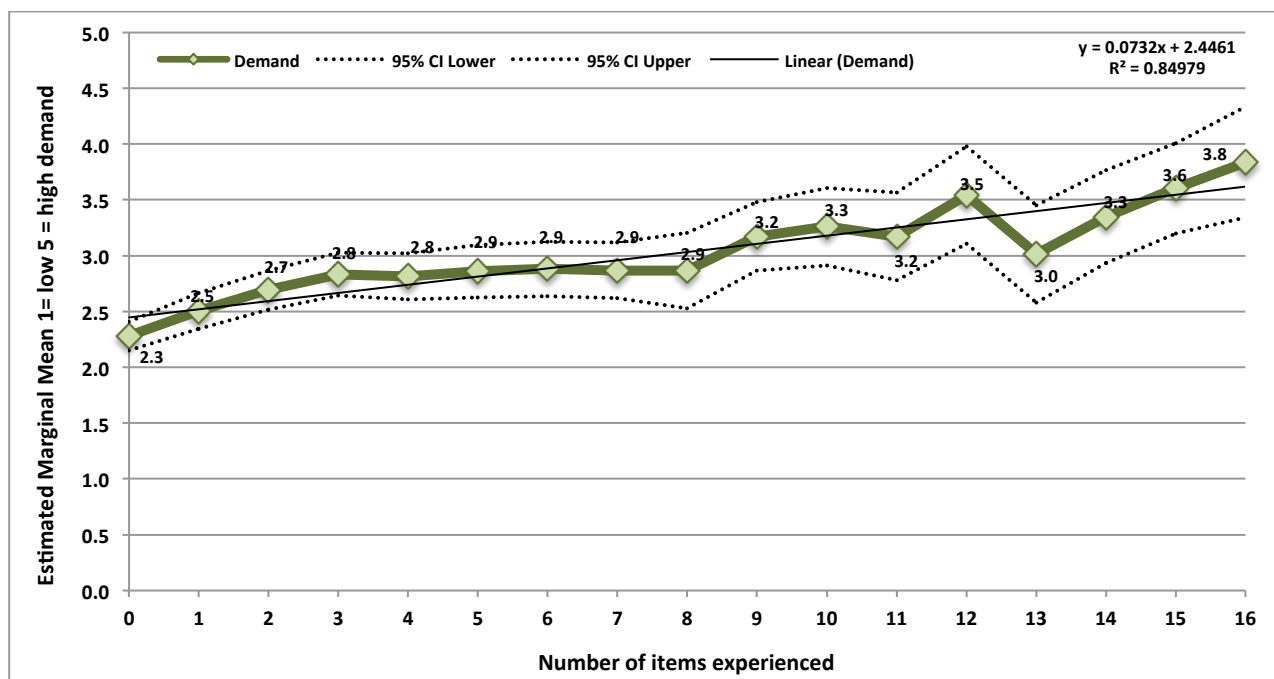


Figure 4.1.5: Estimated Marginal Means and 95% CIs for Demand by Number of Ill Treatment Items Experienced

The final number of items experienced on the x-axis of the graph (16) represents 16-21 items

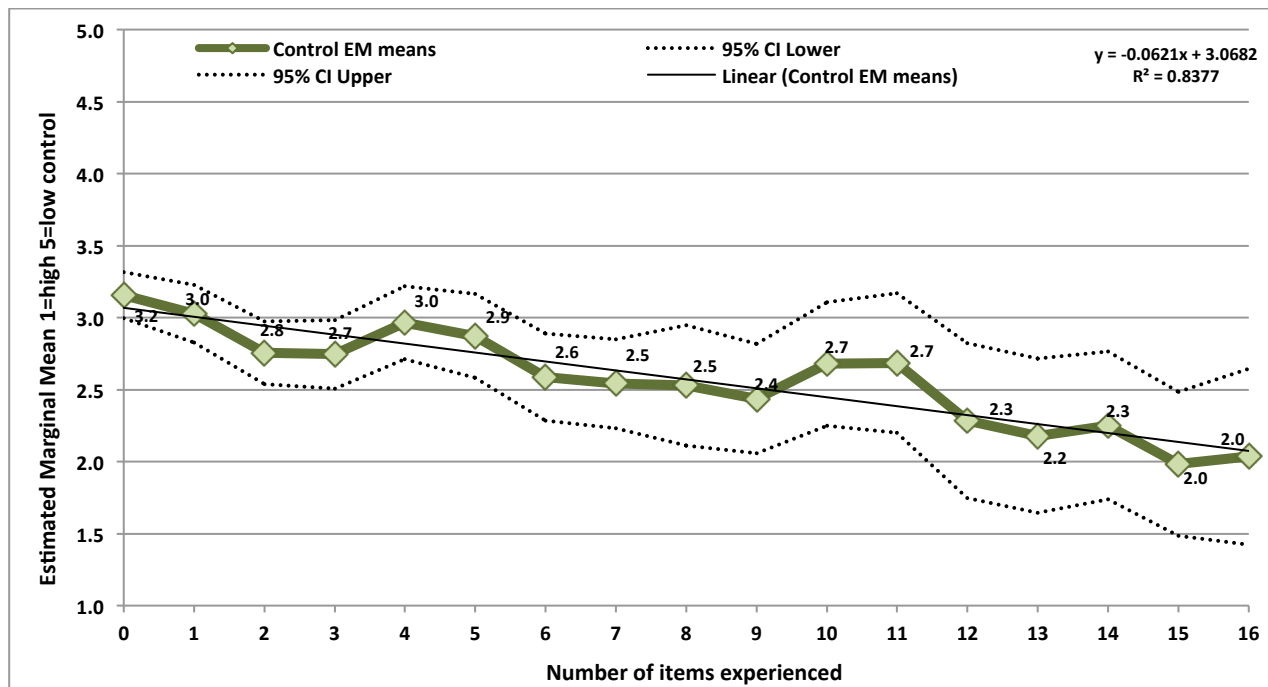


Figure 4.1.6: Estimated Marginal Means and 95% CIs for Control by Number of Ill Treatment Items Experienced

The final number of items experienced on the x-axis of the graph (16) represents 16-21 items

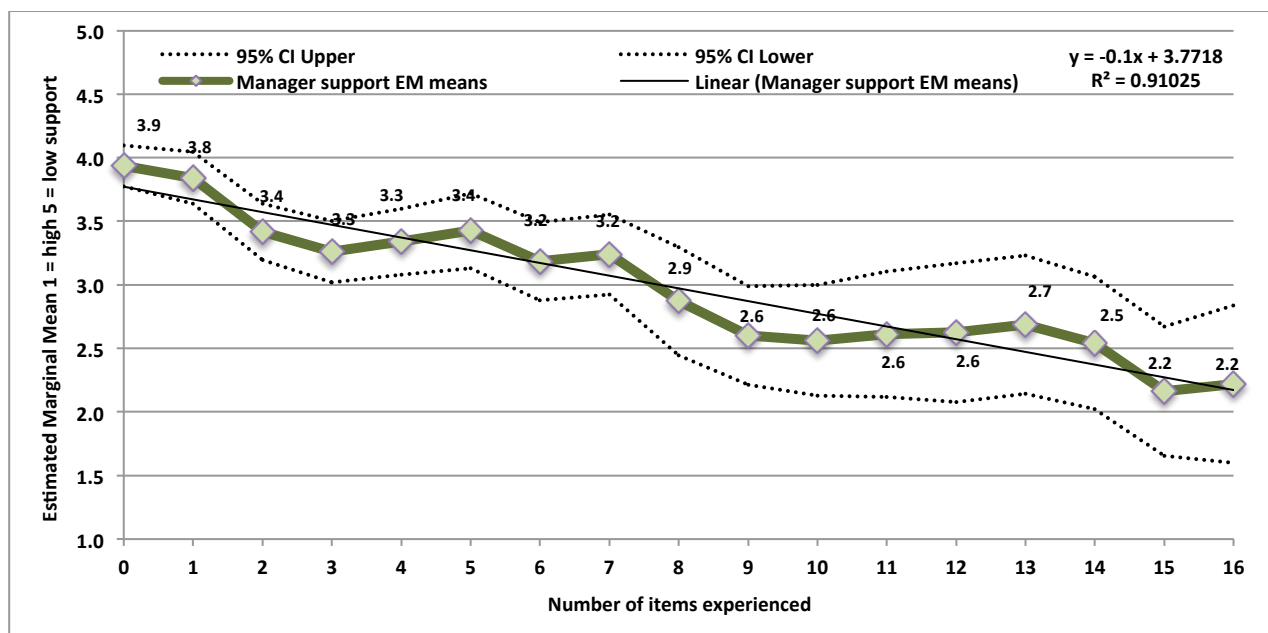


Figure 4.1.7: Estimated Marginal Means and 95% CIs for Manager Support by Number of Ill Treatment Items Experienced

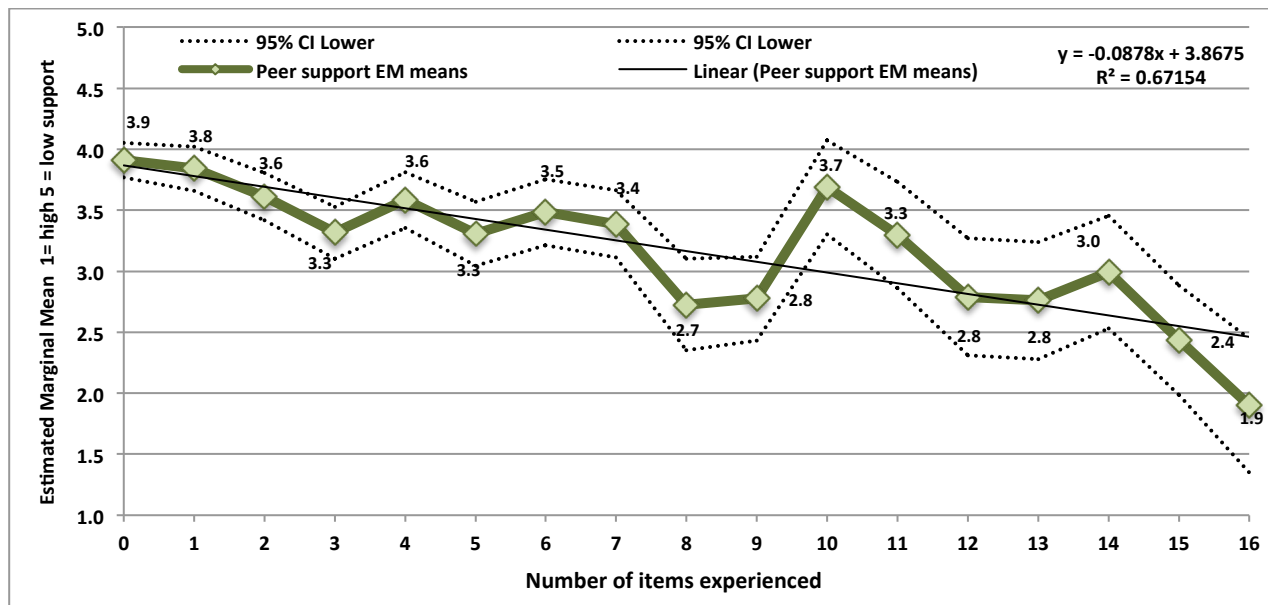


Figure 4.1.8: Estimated Marginal Means and 95% CIs for Peer Support by Number of Ill Treatment Items Experienced
The final number of items experienced on the x-axis of the graph (16) represents 16-21 items

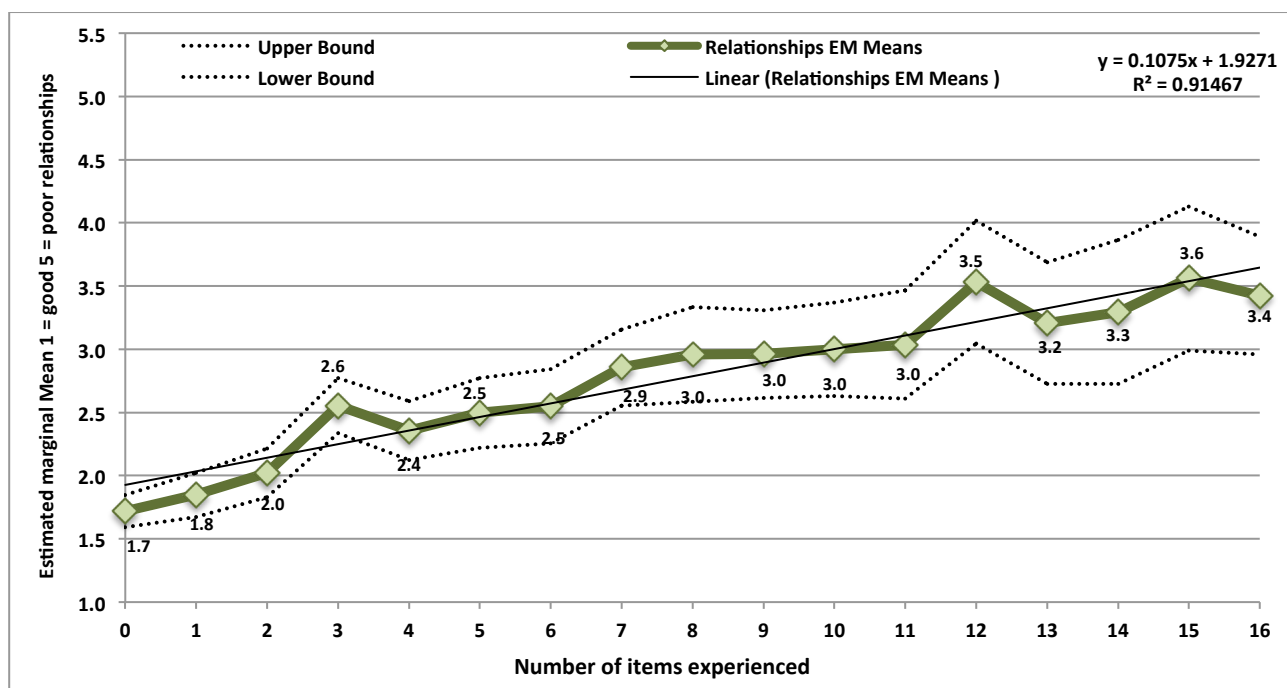


Figure 4.1.9: Estimated Marginal Means and 95% CIs for Relationships by Number of Ill Treatment Items Experienced
The final number of items experienced on the x-axis of the graph (16) represents 16-21 items

4.2 Witnessing Ill Treatment in the Workplace

In addition to asking respondents about their direct experience of negative behaviours, the same 21-item checklist was used to measure the witnessing of ill treatment towards other people in the workplace. Overall, 48% of respondents witnessed at least one negative act, 42% of respondents witnessed unreasonable management, 38.1% witnessed incivility or disrespect and 4.9% witnessed physical violence (Figure 4.2.1).

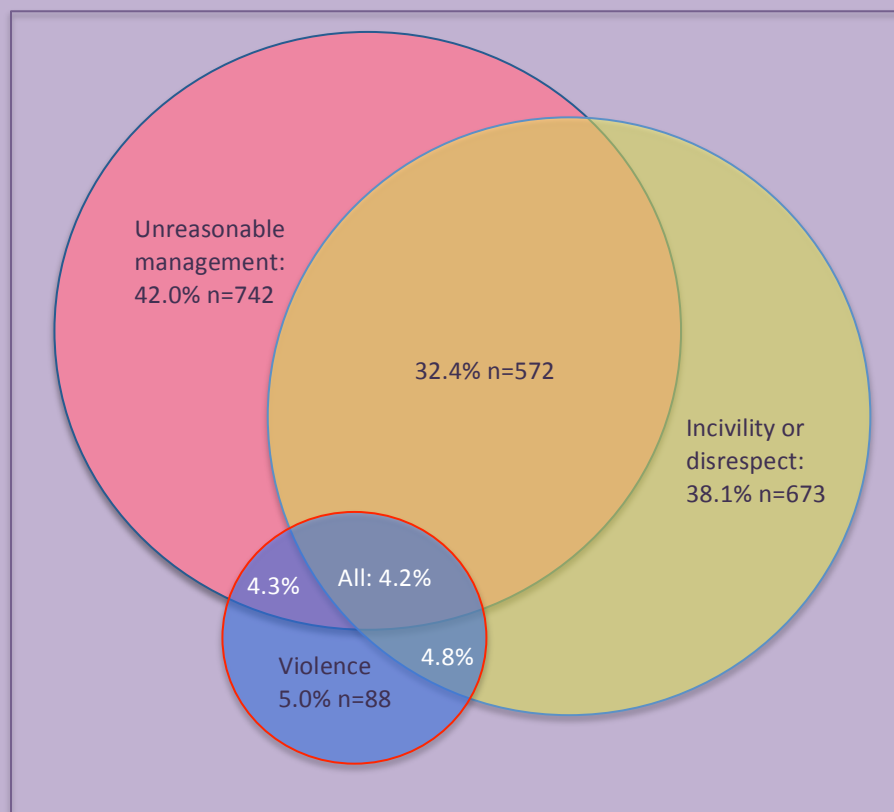


Figure 4.2.1: Percentages within Each Factor of Ill Treatment Witnessed

4.2.1 Ill Treatment Witnessed in the Workplace

Percentage responses to individual items are presented in Table 4.2.1. Female respondents were more likely to report witnessing 20 of the 21 items (Table 4.2.1). These differences were significant ($p < 0.05$) for eight of the items: being given unmanageable workloads or impossible deadlines (1.3x), employees being treated unfairly compared to others (1.5x), witnessing people being treated disrespectfully (1.3x), being excluded (1.4x), being given hints to quit their job (1.5x), being criticised unfairly (1.5x), being intimidated (1.4x) or witnessing being people being injured as a result of violence or aggression at work (1.9x).

Table 4.2.1: Percentage Who Witnessed Ill Treatment Items within Each Gender

Ill treatment item witnessed	Female %	Male %	Total %	Chi	p	OR
Unreasonable management						
Someone withholding information which affects performance	15.7	13.7	14.7	1.369	0.242	1.2 (0.9-1.5)
Pressure from someone to do work below their level of competence	17.6	17.5	17.6	0.005	0.946	1.0 (0.8-1.3)
Having opinions and views ignored	30.6	28.0	29.3	1.395	0.238	1.1 (0.9-1.4)
Someone continually checking up on work when it is not necessary	21.4	18.9	20.2	1.753	0.185	1.2 (0.9-1.5)
Pressure not to claim something which by right staff are entitled to	10.1	8.5	9.3	1.401	0.237	1.2 (0.9-1.7)
Being given an unmanageable workload or impossible deadlines	26.8	22.3	24.6	4.868	0.027	1.3 (1.0-1.6)
Employers not following proper procedures	19.5	17.2	18.3	1.485	0.223	1.2 (0.9-1.5)
Employees being treated unfairly compared to others in the workplace	24.6	18.1	21.4	10.82	0.001	1.5 (1.2-1.9)
Incivility or disrespect						
Being humiliated or ridiculed in connection with their work	13.7	10.7	12.3	3.524	0.060	1.3 (1.0-1.8)
Gossip and rumours being spread or allegations made against others	18.9	16.7	17.9	1.317	0.251	1.2 (0.9-1.5)
Insulting or offensive remarks made about people in work	19.2	17.3	18.3	1.018	0.313	1.1 (0.9-1.4)
Being treated in a disrespectful or rude way	24.3	19.4	21.9	6.042	0.014	1.3 (1.1-1.7)
People excluding others from their group	20.1	15.3	17.7	6.705	0.010	1.4 (1.1-1.8)
Hints or signals that they should quit their job	10.0	6.9	8.5	5.239	0.022	1.5 (1.1-2.1)
Persistent criticism of work or performance which is unfair	15.5	10.8	13.2	8.206	0.004	1.5 (1.0-1.2)
Teasing, mocking, sarcasm or jokes which go too far	13.1	13.9	13.5	0.226	0.635	0.9 (0.7-1.2)
Being shouted at or someone losing their temper	22.6	19.3	20.9	2.968	0.085	1.2 (1.0-1.5)
Intimidating behaviour from people at work	16.4	12.6	14.5	5.169	0.023	1.4 (1.0-1.8)
Feeling threatened in any way while at work	11.9	9.1	10.5	3.604	0.058	1.3 (1.0-1.8)
Violence or injury						
Actual physical violence at work	5.1	3.6	4.3	2.219	0.136	1.4 (0.9-2.3)
Injury in some way as a result of violence or aggression at work	4.3	2.3	3.3	5.26	0.022	1.9 (1.1-3.3)

*OR = How many times more likely females reported witnessing the behaviour than males; p: p value derived from Chi Square test; Significance set at $p < 0.05$ and highlighted in grey.

4.2.2 Relationships between Witnessing of Ill-Treatment Factors and Demographic Factors

Percentages for witnessing of ill-treatment factors by respondent demographics (gender, ethnicity, age, education, place of residence and disability) are presented in Table 4.2.2 below.

At the level of factors of ill treatment, none showed a significant relationship with gender. For age, all ill-treatment factors showed a significant relationship with a higher percentage of those between 25-44 years witnessing ill

treatment. Ethnicity also showed significant relationships to all factors, with Asian respondents witnessing significantly more ill treatment in the form of unreasonable management and incivility, and those of mixed or black ethnicity experiencing greater levels of violence or injury.

Those who attended third level education were more likely to witness each type of unreasonable management and violence or injury. Workers in Munster witnessed significantly more unreasonable management. In Munster a higher percentage of Incivility was witnessed and in Connacht/Ulster workers witnessed more physical violence, however these differences were not statistically significant. More people with disabilities reported witnessing each of the three factors of ill treatment; however, this was not a significant difference. Violence was witnessed by a significantly higher percentage of those in the higher income group.

Table 4.2.2: Percentage Who Witnessed Ill-Treatment Factors among Demographic Groups

	Unreasonable management %	Incivility or disrespect %	Violence or injury %	At least 1 item
Total	42.01	38.10	5.04	47.96
Gender				
Female	44.07	38.81	5.82	49.16
Male	39.89	37.47	4.13	46.78
p	0.075	0.562	0.103	0.318
Age group				
18-24	31.86	33.63	2.65	38.05
25-34	47.78	43.15	6.85	53.83
35-44	44.12	38.73	6.17	48.94
45-54	38.38	33.67	3.28	45.32
55+	36.25	35.68	2.90	42.74
p	0.001	0.036	0.027	0.004
Ethnicity				
White	40.59	36.88	4.47	46.76
Asian	55.17	51.16	5.75	60.47
Mixed, black & all others	55.06	47.73	13.48	57.30
p	0.001	0.005	0.001	0.009
Education				
Primary and Secondary	38.04	35.66	2.97	45.17
Undergraduate or higher	44.66	39.72	6.18	49.91
p	0.006	0.088	0.003	0.053
Disability				
No	41.89	37.82	4.86	47.95
Yes	46.43	46.43	8.93	48.21
p	0.498	0.192	0.169	0.969
Income				
Under €10,000	37.14	36.19	6.67	41.35
€10,000 - €19,000	43.33	35.42	2.08	46.67
€20,000 - €29,000	40.49	41.03	3.80	47.55
€30,000 - €39,000	46.59	43.73	6.81	54.48
€40,000 - €49,000	45.73	40.49	4.27	51.22
€50,000 or more	45.59	46.72	10.22	54.74
p	0.450	0.236	0.008	0.128
Region				
Dublin	44.68	36.70	3.90	48.67
Leinster (excluding Dublin)	34.17	35.85	4.49	43.14
Munster	45.77	42.73	5.70	50.55
Connaught & Ulster	39.80	35.12	6.33	47.83
p	0.002	0.063	0.346	0.179

p: p value derived from Chi Square test; Significance set at p<0.05 and highlighted in grey.

4.2.3 Relationships between Organisational Characteristics and Witnessing of Ill Treatment

Organisational characteristics included sector, size, type (public/private) and presence of trade union(s) in the workplace. Table 4.2.3 shows there were significantly ($p < 0.05$, Pearson's chi square) higher percentages of witnessed ill treatment in the voluntary sector, although significantly more people working in the public sector reported witnessing violence (10.9%). There were also significant relationships between sector and both violence and unreasonable management, with the highest percentages of both ill-treatment factors witnessed in the health and social services sector (violence 12.3% and unreasonable management 51.5%). Significantly higher percentages reported witnessing unreasonable management and incivility in organisations employing between 50-249 people and more violence was witnessed in organisations with a staff larger than 250. Witness all forms of ill treatment was more likely in organisations with trade unions.

Table 4.2.3: Percentage Who Witnessed Ill Treatment by Type of Organisation, Sector, Organisation Size and Presence of a Trade Union or Staff Association

	Unreasonable management %	Incivility or disrespect %	Violence or injury %	At least 1 item %
Total	42.01	38.10	5.04	47.96
Type of organisation				
Private	40.27	36.20	2.61	45.79
Public	46.52	41.87	10.91	52.49
Voluntary or other	42.11	42.11	5.26	52.63
<i>p</i>	0.059	0.073	<0.001	0.032
Sector				
Agriculture	25.81	40.00	10.00	43.33
Industry	34.15	39.22	3.41	42.44
Construction	43.75	36.84	1.04	50.53
Wholesale, Retail, Food & Accommodation (WRFA)	40.06	34.39	1.45	45.24
Transport	41.44	31.53	2.73	43.24
Financial services	44.65	41.25	3.13	48.75
Public admin. & Defence (PAD)	46.76	43.57	8.57	54.29
Education	41.18	38.24	5.88	47.26
Health & Social services	51.49	44.03	12.31	58.21
Other services	36.36	31.52	3.64	40.61
<i>p</i>	0.006	0.132	<0.001	0.008
Size of organisation				
< 10	30.60	25.86	1.72	34.99
10 - 49	47.44	42.86	5.87	53.31
50-249	47.61	43.09	5.85	54.52
>250	41.56	41.99	6.49	48.92
<i>p</i>	<0.001	<0.001	0.004	<0.001
Presence of Trade union or staff association				
Yes	46.03	43.94	9.02	52.48
No	40.15	34.52	2.53	45.50
<i>p</i>	0.017	<0.001	<0.001	0.005

p: *p* value derived from Chi Square test; Significance set at $p < 0.05$ and highlighted in grey.

Table 4.2.4 shows there were significant relationships for violence where there were few people from ethnic minorities employed. However, for unreasonable management and incivility, significantly higher percentages were reported where more than half the workforce (but not three quarters) was comprised of ethnic minorities. Higher percentages of witnessed ill treatment were reported for all three indicators where nearly all employees were female and nearly all were young people., although few young people (i.e. under 25) in the workforce was a risk factor for unreasonable management and incivility, more than half of the workforce being young was a risk factor for violence and injury.

Table 4.2.4: Witnessed Ill Treatment by Composition of Staff in Terms of Ethnicity, Gender and Age

	Unreasonable management %	Incivility or disrespect %	Violence or injury %	At least 1 item %
Total	42.01	38.10	5.04	47.96
Composition of staff in terms of ethnicity (% black or ethnic minorities)				
None (0%)	34.36	30.51	2.69	39.10
A few (5-10%)	48.97	47.68	6.69	56.95
About a quarter (about 25%)	45.95	39.19	5.41	52.04
About half (about 50%)	54.55	46.75	3.90	57.14
More than half (about 60%)	90.00	50.00	0.00	90.48
About three-quarters (about 75%)	37.50	28.57	0.00	37.50
Nearly all (about 85-90%)	25.00	25.00	0.00	25.00
All (100%)	33.33	16.67	0.00	33.33
p	<0.001	<0.001	0.036	<0.001
Composition of staff in terms of gender (% female)				
None (0%)	35.32	33.66	0.00	41.09
A few (5-10%)	38.80	36.80	4.82	46.59
About a quarter (about 25%)	45.79	42.11	5.82	51.85
About half (about 50%)	41.65	34.79	4.90	46.39
More than half (about 60%)	49.10	43.24	4.07	53.60
About three-quarters (about 75%)	46.91	43.52	6.22	53.89
Nearly all (about 85-90%)	52.15	52.15	9.20	61.96
All (100%)	26.89	18.49	0.00	26.89
p	<0.001	<0.001	0.001	<0.001
Composition of staff in terms of age (% of young people under 25)				
None (0%)	33.70	29.71	3.99	39.49
A few (5-10%)	47.42	43.34	5.15	53.46
About a quarter (about 25%)	44.81	40.51	4.80	50.63
About half (about 50%)	38.10	37.73	5.86	45.05
More than half (about 60%)	46.08	38.83	5.88	51.96
About three-quarters (about 75%)	45.28	35.85	0.00	46.30
Nearly all (about 85-90%)	39.13	36.36	0.00	56.52
All (100%)	20.00	9.09	0.00	20.00
p	0.005	0.007	0.558	0.004

p: p value derived from Chi Square test; Significance set at p<0.05 and highlighted in grey.

4.2.4 Relationships between Workplace Role and Witness of Ill Treatment

Table 4.2.5 presents percentages that witnessed ill treatment by occupational group, managerial or supervisory duties and job permanence. Those having managerial duties reported higher levels of all ill-treatment factors and these were significant for unreasonable management and incivility (Table 4.2.5). Significantly higher percentages of those in personal services and those with permanent jobs reported witnessing violence.

Table 4.2.5: Percentage Who Witnessed Ill Treatment by Occupation Group, Managerial or Supervisory Duties and Job Permanence

	Unreasonable management %	Incivility or disrespect %	Violence or injury %	At least 1 item %
Total	42.01	38.10	5.04	47.96
Occupational group				
Managers and senior officials	51.45	41.30	5.84	54.35
Professional occupations	43.47	37.68	8.22	49.58
Associate professional and technical	45.37	45.13	5.31	51.54
Administrative and secretarial	36.41	33.33	1.38	43.06
Skilled trade	42.08	37.16	2.73	48.09
Personal service	40.27	35.14	9.46	46.62
Sales and customer service	43.11	39.29	2.38	48.81
Process plant and machine	35.43	41.73	6.30	45.67
Elementary	39.90	33.99	1.97	43.84
P	0.147	0.243	0.001	0.466
Managerial or supervisory duties				
Yes	47.28	42.05	5.43	51.91
No	40.02	36.44	4.86	46.34
P	0.005	0.029	0.619	0.035
Job permanence				
Yes	40.96	37.83	5.63	46.87
No	44.85	37.54	2.33	50.83
P	0.213	0.925	0.017	0.211

p: p value derived from Chi Square test; Significance set at $p < 0.05$ and highlighted in grey.

4.2.5 Relationships between Workplace Conditions and Witness of Ill Treatment

Table 4.2.6 presents percentages that witnessed ill treatment by FARE items. All relationships between FARE items and ill-treatment factors were significant ($p < 0.05$, Pearson's chi square) with the exception of witnessing violence and believing one's manager decides specific tasks and that one is able to decide their own quality standards.

FARE items that indicate a more negative workplace environment (the needs of the organisation come first, having to compromise principles and having less control over work) were significantly ($p < 0.05$, Pearson's chi square) associated with higher percentages witnessing all three ill-treatment factors. Conversely FARE items that indicate a more positive workplace environment were significantly associated with lower percentages of employees witnessing ill treatment (people are treated as individuals, I decide how much work I do or how fast I work and I decide the quality standards by which I work).

Table 4.2.6: Percentages who witnessed ill treatment by FARE items

	Unreasonable management %	Incivility or disrespect %	Violence or injury %	At least 1 item %
Total	42.01	38.10	5.04	47.96
Where I work:				
The needs of the organisation always come first	74.30	68.66	8.80	75.70
No	35.88	32.30	4.26	42.64
p	<0.001	<0.001	0.001	<0.001
You have to compromise your principles	75.64	76.28	9.62	78.85
No	38.74	34.39	4.54	44.96
p	<0.001	<0.001	0.005	<0.001
People are treated as individuals	38.77	35.02	4.68	45.05
No	79.86	74.82	8.63	82.01
p	<0.001	<0.001	0.040	<0.001
I decide how much work I do or how fast I work	40.02	36.51	4.65	46.14
No	67.44	58.46	9.30	70.77
p	<0.001	<0.001	0.019	<0.000
My manager decides the specific tasks I do	59.45	57.26	3.84	65.75
No	37.53	33.17	5.29	43.32
p	<0.001	<0.001	0.256	<0.001
I decide the quality standards by which I work	40.45	36.51	4.84	46.32
No	69.89	67.74	7.61	77.42
p	<0.001	<0.001	0.236	<0.001
I have less control over my work than a year ago	73.28	69.23	10.69	79.39
No	39.53	35.64	4.59	45.44
p	<0.001	<0.001	0.002	<0.001
The pace of work in my present job is too intense	69.57	59.57	9.96	73.91
No	37.90	34.90	4.24	44.07
p	<0.001	<0.001	<0.001	<0.001
The nature of my work has changed over the past year	60.89	55.91	8.66	67.19
No	36.80	33.19	3.98	42.66
p	<0.001	<0.001	<0.001	<0.001
The pace of work in my job has increased over the past year	56.63	52.77	10.84	63.13
No	37.58	33.58	3.19	43.29
p	<0.001	<0.001	<0.001	<0.001

p: p value derived from Chi Square test; Significance set at $p < 0.05$ and highlighted in grey.

4.2.6 Predictors of Witnessing Ill Treatment

This section presents outcomes of multivariate models (Logistic regression) for each ill-treatment factor (violence, unreasonable management and incivility and disrespect), presenting how much more likely some characteristics are associated with witnessing ill treatment than others. Demographic and workplace related characteristics included as independent variables in these models are shown in Table 4.2.7 and include the FARE items. Presented estimates derived from the models (OR and 95% confidence intervals) show for each of these demographic and workplace characteristics, how much more or less likely ill-treatment factor behaviours were witnessed.

An OR of 2.0 means the independent variable increases the behaviour by a factor of 2 (or makes it twice as likely). An OR of 0.5 means the independent variable decreases the behaviour by 50% (or makes it less likely). For independent variables entered as covariates (e.g. Income), if the OR is above 1 as this variable increases, the likelihood of the behaviour occurring increases; if the OR is below 1 as this variable increases, the likelihood of the behaviour occurring decreases. For an OR below 1, to determine how much more likely the behaviour is in the reference group, use the formula: 1/OR

Witnessing at least one item

Employees were significantly more likely to witness at least one item of ill treatment if they were aged from 25-34 (2x), of black, mixed or other ethnicity (1.7x), lived in Munster, Connaught or Ulster (1.3x and 1.7x respectively), held a managerial position (1.3x) were employed in an organisation with a workforce of between 10 to 249 (1.8x), where the needs of the organisation come first (2.5x), employees have to compromise their principles (2.5x), management decide day to day tasks (2.5x), there is less control over work than a year ago (2x), the nature of work has changed (1.9x), the pace of work is too intense (1.7x) and has increased over the previous year (1.4x). Predictors that reduced the likelihood of witnessing at least one item of ill treatment were having a permanent position (-34%), being employed where there are a higher percentage of young employees (-10% per increase), where people are treated as individuals (-49%) and employees are able to decide the quality standards by which they work (-52%).

Witnessing violence

Significant ($p < 0.05$) predictors of witnessing violence were being black, mixed or other ethnicity (5.6x), working outside of Dublin (Leinster 2.2x, Munster 2x, Connaught or Ulster 3x), working in the public sector (3.1x), working where there is a higher percentage of employees who are from an ethnic background, where the pace of work has increased over the past year (2.2x).

Witnessing unreasonable management

Employees were more likely to witness unreasonable management if they were female (1.5x), in the age group 25-34 (2.2), of black, mixed or other ethnicity (1.7x), lived in Munster (1.4x) held a managerial position (1.5x) were employed in an organisation with a workforce of between 10 to 249 (1.5x), where the needs of the organisation come first (3.1x), employees have to compromise their principles (2.8x), management decide day to day tasks (2.5x), there is less control over work than a year ago (1.7x), the nature of work has changed (1.9x) and the pace of work is too intense (1.8x). Witnessing unreasonable management was less likely where employees had a permanent position (-40%), were employed where there are a higher percentage of young employees (-10% per increase), where people are treated as individuals (-53%) and employees are able to decide how fast they work (-43%).

Witnessing incivility or disrespect

Witnessing incivility was more likely for employees who were of black, mixed or other ethnicity (1.9x), lived in Munster (1.6x), Connaught or Ulster (1.6x), held a managerial position (1.4x) were employed in an organisation with a workforce of 10 or more employees (1.6x – 1.8x), where the needs of the organisation come first (2.6x), employees have to compromise their principles (3.6x), management decide day to day tasks (2.4x), the nature of work has changed over the past year (1.9x) and the pace of work is too intense (1.4x). The likelihood of witnessing

incivility was reduced in workplaces where there are a higher percentage of young employees (-12% per increase) and where people are treated as individuals (-52%).

Table 4.2.7: Factor Level ORs (95%CI) for Witnessed Ill Treatment

Independent variables (reference category)	Unreasonable management	Incivility or disrespect	Violence or injury	At least 1 of the 21 items
Female (Male)	1.5 (1.1-1.9)	1.2 (0.9-1.6)	1.3 (0.8-2.3)	1.3 (1.0-1.7)
Age (18-24)				
25-34	2.2 (1.3-3.8)	1.4 (0.8-2.5)	1.8 (0.4-8.0)	2.1 (1.3-3.7)
35-44	1.6 (0.9-2.9)	1.1 (0.6-1.9)	1.2 (0.3-5.3)	1.6 (0.9-2.8)
45-54	1.4 (0.8-2.5)	0.9 (0.5-1.5)	0.5 (0.1-2.3)	1.6 (0.9-2.8)
55+	1.4 (0.8-2.6)	1.1 (0.6-2.1)	0.5 (0.1-2.6)	1.5 (0.8-2.7)
Ethnicity (White)				
Asian	1.2 (0.7-2.1)	1.5 (0.8-2.7)	1.5 (0.5-4.6)	1.2 (0.7-2.2)
Black, mixed & other	2.0 (1.2-3.4)	1.9 (1.1-3.3)	5.6 (2.4-13.1)	1.7 (1.0-2.9)
Higher qualification (Secondary and below)	1.1 (0.8-1.4)	1.1 (0.9-1.5)	0.8 (0.4-1.5)	1.0 (0.8-1.4)
Disability (None)	0.9 (0.4-1.7)	1.4 (0.7-2.6)	2.3 (0.8-6.9)	0.8 (0.4-1.5)
Income (increasing income)	1.0 (0.9-1.1)	1.0 (0.9-1.0)	1.0 (0.8-1.1)	1.0 (0.9-1.1)
Region (Dublin)				
Leinster (excluding Dublin)	0.9 (0.6-1.2)	1.4 (1.0-2.0)	2.2 (1.0-4.7)	1.2 (0.8-1.6)
Munster	1.4 (1.0-1.9)	1.6 (1.2-2.2)	2.0 (1.0-3.9)	1.4 (1.0-1.8)
Connaught or Ulster	1.4 (1.0-2.0)	1.6 (1.1-2.3)	3.0 (1.4-6.4)	1.7 (1.2-2.5)
Managerial position	1.5 (1.1-1.9)	1.4 (1.1-1.9)	1.3 (0.8-2.3)	1.3 (1.0-1.7)
Permanent position	0.6 (0.4-0.8)	0.9 (0.7-1.3)	2.4 (1.0-6.0)	0.7 (0.5-0.9)
Trade union operates in the organisation	1.1 (0.8-1.5)	1.2 (0.9-1.6)	1.9 (0.9-3.6)	1.0 (0.7-1.4)
Type of sector (Private)				
Public	1.2 (0.9-1.7)	1.1 (0.8-1.6)	3.1 (1.6-6.2)	1.3 (0.9-1.8)
Voluntary or other	0.9 (0.5-1.6)	1.2 (0.6-2.2)	1.1 (0.2-6.1)	1.0 (0.6-1.9)
Workplace size (less than 10)				
10 to 49	1.5 (1.1-2.1)	1.8 (1.4-2.5)	2.0 (0.8-4.6)	1.8 (1.3-2.4)
50 to 249	1.5 (1.0-2.1)	1.7 (1.2-2.5)	2.1 (0.8-5.4)	1.8 (1.3-2.5)
250 or more	1.0 (0.7-1.6)	1.6 (1.1-2.5)	1.6 (0.6-4.4)	1.3 (0.9-2.0)
Workplace composition – ethnicity (increasing % ethnic)	1.1 (1.0-1.2)	1.0 (1.0-1.1)	1.3 (1.1-1.4)	1.1 (1.0-1.2)
Workplace composition – gender (increasing % female)	0.9 (0.9-1.0)	0.9 (0.9-1.0)	1.0 (0.8-1.1)	1.0 (0.9-1.0)
Workplace composition – age (increasing % younger)	0.9 (0.8-1.0)	0.9 (0.8-0.9)	0.9 (0.8-1.0)	0.9 (0.8-1.0)
FARE items				
The needs of the organisation always come first	3.1 (2.2-4.3)	2.6 (1.8-3.6)	1.5 (0.8-2.8)	2.5 (1.8-3.6)
You have to compromise your principles	2.8 (1.7-4.5)	3.6 (2.2-5.8)	1.9 (0.9-4.0)	2.5 (1.5-4.0)
People are treated as individuals	0.5 (0.3-0.8)	0.5 (0.3-0.8)	1.0 (0.4-2.4)	0.5 (0.3-0.9)
I decide how much work I do or how fast I work	0.6 (0.4-0.9)	0.8 (0.5-1.3)	0.6 (0.3-1.3)	0.7 (0.4-1.1)
My manager decides the specific tasks I will do	2.5 (1.8-3.4)	2.4 (1.8-3.3)	0.7 (0.3-1.4)	2.6 (1.9-3.5)
I decide the quality standards by which I work	0.6 (0.3-1.1)	0.6 (0.3-1.0)	0.7 (0.3-1.7)	0.5 (0.3-0.9)
I now have less control over my work than a year ago	1.7 (1.0-2.8)	1.5 (0.9-2.5)	0.7 (0.3-1.8)	2.1 (1.2-3.5)
The pace of work in my present job is too intense	1.8 (1.3-2.7)	1.3 (0.9-1.8)	1.1 (0.6-2.2)	1.7 (1.2-2.5)
The nature of my work has changed over the past year	1.9 (1.4-2.6)	1.9 (1.4-2.6)	1.3 (0.7-2.3)	1.9 (1.4-2.6)
The pace of work has increased over the past year	1.3 (1.0-1.7)	1.4 (1.0-1.8)	2.2 (1.3-3.9)	1.4 (1.1-1.9)
No cases in each model = 1644				
Nagelkerke R Square	0.299	0.288	0.247	0.272
Hosmer and Lemeshow test (p value)	0.875	0.014	0.094	0.076
Overall percentage predicted by the model	72.4	73.4	94.8	68.7
Significant ($p < 0.05$) Exp(B) values above 1	Significant ($p < 0.05$) Exp(B) values below 1			

The table reports odds ratios (these are Exp(B) values derived from logistic regression models) and their 95% confidence intervals.

4.3 Perpetrating Ill Treatment in the Workplace

Respondents were asked if they had perpetrated any of the 21 items of ill treatment. Overall, 17% of respondents reported perpetration of at least one item of ill treatment, 14% of respondents reported perpetration of unreasonable management, 9.5% incivility or disrespect, 0.5% physical violence and 0.5% reported perpetration of all three types of ill treatment (Figure 4.3.1).

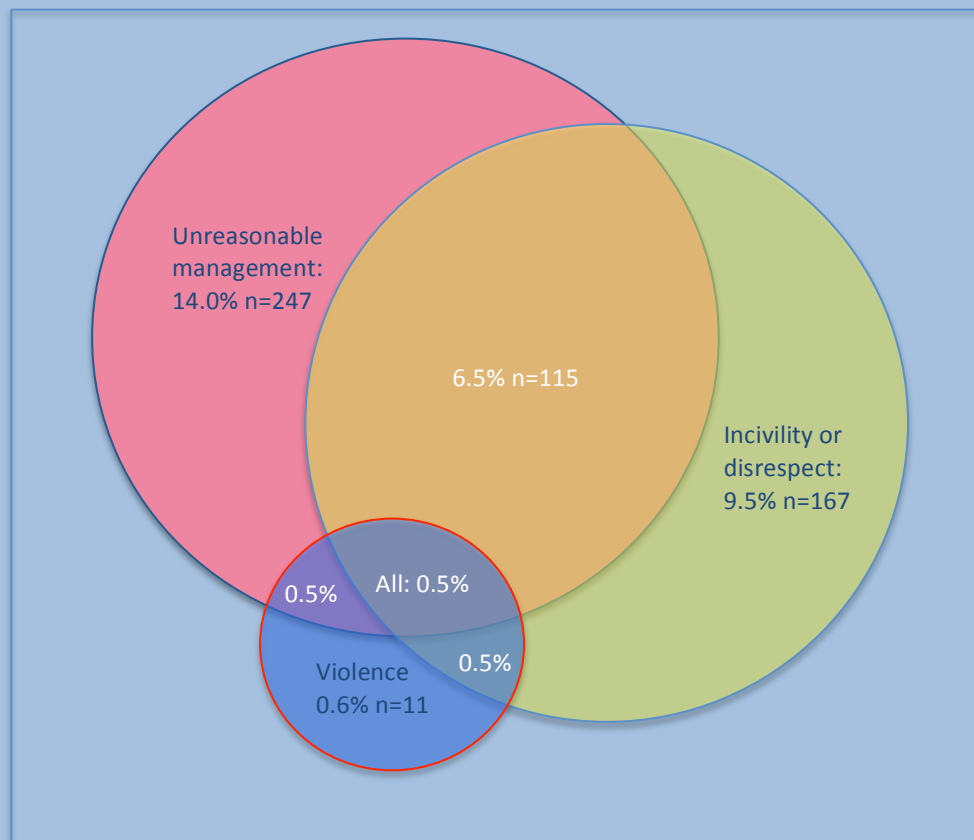


Figure 4.3.1: Percentages within Each Category of Ill Treatment Perpetrated

4.3.1 Ill Treatment Perpetrated in the Workplace

Percentages of responses to individual items within the three ill-treatment factors, unreasonable management, incivility or disrespect and violence or injury are presented in Table 4.3.1 in the 'total' column and are also presented by gender. The highest total percentage reported was for giving someone an unmanageable workload (6.9%). None of the 21 items showed significant differences by gender ($p < 0.05$, Chi squared or Fisher's exact test).

Table 4.3.1: Percentage Who Perpetrated Ill Treatment within Each Gender

Ill treatment items perpetrated	Female %	Male %	Total %	chi	p	OR
Unreasonable management						
Withheld information which affected someone's performance	3.0	3.1	3.1	0.010	0.918	1.0 (0.6-1.7)
Put pressure on someone to do work below their level of competence	2.9	2.4	2.7	0.415	0.520	1.2 (0.7-2.2)
Ignored opinions and views of others	7.0	6.7	6.9	0.075	0.784	1.1 (0.7-1.5)
Continually checked up on someone's work when it was not necessary	4.2	3.7	3.9	0.268	0.605	1.1 (0.7-1.8)
Put pressure on someone not to claim something they were entitled to	1.7	2.0	1.8	0.167	0.682	0.9 (0.4-1.7)
Given someone an unmanageable workload or impossible deadlines	4.2	4.3	4.2	0.011	0.916	1.0 (0.6-1.6)
Not followed proper procedures in the workplace	2.8	3.8	3.3	1.349	0.245	0.7 (0.4-1.2)
Treated someone unfairly compared to others in the workplace	3.1	3.0	3.0	0.001	0.973	1.0 (0.6-1.7)
Incivility or disrespect						
Humiliated or ridiculed someone in connection with their work	1.8	1.6	1.7	0.086	0.770	1.1 (0.5-2.3)
Spread gossip and rumours or made allegations against someone	2.0	2.0	2.0	0.006	0.937	1.0 (0.5-2.0)
Insulted or made offensive remarks about someone	3.4	2.1	2.7	2.717	0.099	1.6 (0.9-3.0)
Treated someone in a disrespectful or rude way	3.2	2.8	3.0	0.331	0.565	1.2 (0.7-2.0)
Excluded people from your group	3.9	3.4	3.6	0.420	0.517	1.2 (0.7-1.9)
Given hints or signals to others that they should quit their job	1.3	1.5	1.4	0.090	0.765	0.9 (0.4-2.0)
Persistently criticised work or performance which was unfair	1.9	1.6	1.8	0.194	0.659	1.2 (0.6-2.4)
Teasing, mocking, sarcasm or jokes which go too far	2.0	3.2	2.6	2.561	0.110	0.6 (0.3-1.1)
Shouted at or lost your temper with someone at work	3.9	3.5	3.7	0.251	0.616	1.1 (0.7-1.9)
Intimidating behaviour to people at work	1.3	1.0	1.2	0.336	0.562	1.3 (0.5-3.1)
Made someone feel threatened in any way while at work	1.1	1.2	1.1	0.006	0.937	1.0 (0.4-2.3)
Violence or injury						
Actual physical violence at work	0.6	0.3	0.5		1.000*	1.6 (0.4-6.8)
Injured anyone as a result of violence or aggression at work	0.3	0.3	0.3		0.972*	1.0 (0.2-4.8)

* *p* value derived from Fisher's Exact test

4.3.2 Relationships between Perpetration of Ill Treatment and Demographic Factors

Percentages for perpetration of ill-treatment factors by demographic factors (gender, ethnicity, age, education, place of residence and disability) are presented in Table 4.3.2 below.

A significant relationship was found for unreasonable management and age, with those in the 25-34 age group most likely to report perpetrating ill treatment in the form of unreasonable management (18.6%). Among ethnic groups a significantly higher percentage of perpetrating unreasonable management was reported by those of Asian ethnicity (26.4%).

Table 4.3.2: Percentages among Demographic Groups Who Perpetrated Ill-Treatment Factors

	Unreasonable management %	incivility & disrespect %	Violence or injury %	At least 1 item
Total	14.00	9.47	0.62	17.07
Gender				
Female	14.24	10.10	0.69	17.70
Male	13.77	8.84	0.56	16.44
p	0.779	0.363	0.729	0.482
Age group				
18-24	8.04	11.50	0.88	14.16
25-34	18.55	11.29	1.21	21.17
35-44	15.22	10.40	0.19	18.88
45-54	9.60	6.84	0.00	12.15
55+	12.03	7.05	1.24	14.17
p	<0.001	0.098	0.078	0.003
Ethnicity				
White	13.10	9.19	0.57	16.11
Asian	26.44	8.14	1.15	28.74
Mixed, black & all others	17.98	14.77	1.14	22.73
p	0.001	0.200	0.655	0.003
Education				
Primary and Secondary	15.30	10.55	0.30	19.02
Undergraduate or higher	13.27	8.84	0.83	15.93
p	0.233	0.234	0.169	0.095
Disability				
Yes	17.86	14.04	0.00	21.43
No	13.88	9.31	0.59	16.92
p	0.399	0.230	0.566	0.378
Income				
Under €10,000	8.57	6.67	0.00	9.62
€10,000 - €19,000	14.17	10.83	0.42	17.57
€20,000 - €29,000	16.03	11.14	0.54	19.84
€30,000 - €39,000	14.34	10.75	1.08	17.99
€40,000 - €49,000	12.20	6.71	0.00	14.02
€50,000 or more	12.50	6.57	2.92	16.06
p	0.469	0.313	nv	0.189
Region				
Dublin	15.78	8.16	0.71	18.09
Leinster (excluding Dublin)	13.17	10.92	0.28	17.65
Munster	11.40	8.64	0.37	14.15
Connaught & Ulster	16.39	11.67	1.00	19.73
p	0.104	0.246	nv	0.154

p: p value derived from Chi Square test; * p value derived from Fisher's Exact test; Significance set at p<0.05 and highlighted in grey.

4.3.3 Relationships between Organisational Characteristics and Perpetration of Ill Treatment

Organisational characteristics included sector, size, type (public/private) and presence of trade union(s) in the workplace. Table 4.3.3 shows that higher percentages for perpetration of unreasonable management and for incivility and disrespect were in construction, the public sector, in organisations comprising 10-49 employees and where there were trade unions operating.

For violence higher percentages were reported in the public sector and in occupations in public administration and defence and in financial services. However, there were no significant relationships between all three ill-treatment factors and organisational characteristics.

Table 4.3.3: Percentage Who Perpetrated Ill Treatment by Type of Organisation, Sector, Organisation Size and Presence of a Trade Union or Staff Association

	Unreasonable management %	Incivility or disrespect %	Violence or injury %	At least 1 item %
Total	14.00	9.47	0.62	17.07
Type of organisation				
Private	12.89	9.09	0.51	16.51
Public	16.87	10.54	0.99	18.49
Voluntary or other	14.04	8.77	0.00	17.54
p	0.099	0.639	0.422	0.612
Sector				
Agriculture	12.90	9.68	0.00	12.90
Industry	10.24	7.84	0.49	15.12
Construction	23.96	12.50	0.00	27.37
Wholesale, Retail, Food & Accommodation (WRFA)	10.98	8.09	0.58	15.61
Transport	14.41	9.91	0.00	16.22
Financial services	15.63	10.63	1.88	20.00
Public admin. & Defence (PAD)	15.11	5.76	2.14	15.71
Education	13.45	10.55	0.84	14.77
Health & Social services	14.93	10.07	0.37	17.54
Other services	14.02	10.30	0.00	16.97
p	0.129	0.785	0.264	0.293
Size of organisation				
< 10 %	12.28	8.41	0.43	15.30
10 - 49 %	16.54	10.53	0.75	19.13
50-249 %	13.30	9.31	0.80	17.02
>250 %	12.93	9.96	0.43	16.45
p	0.176	0.685	0.859	0.394
Presence of Trade union or staff association				
Yes	15.06	11.02	0.78	18.20
No	13.79	8.90	0.56	16.79
p	0.466	0.151	0.593	0.457

p: p value derived from Chi Square test; * p value derived from Fisher's Exact test; Significance set at p<0.05 and highlighted in grey.

Table 4.3.4 presents percentages of those perpetrating ill treatment by composition of staff in the workplace. Spearman correlations were used to test relationships between these characteristics and ill-treatment factors.

The only significant correlation was between those reporting at least one item and percentage of females employed with lower levels of perpetration where higher levels of females are employed.

Table 4.3.4: Perpetrated Ill Treatment by Composition of Staff in Terms of Ethnicity, Gender and Age

	Unreasonable management %	Incivility or disrespect %	Violence or injury %	At least 1 item %
Total	14.00	9.47	0.62	17.07
Composition of staff in terms of ethnicity (% black or ethnic minorities)				
None (0%)	12.84	7.82	0.77	14.89
A few (5-10%)	16.98	11.84	0.51	20.93
About a quarter (about 25%)	11.71	8.14	0.45	15.38
About half (about 50%)	11.54	14.29	0.00	18.18
More than half (about 60%)	20.00	0.00	0.00	20.00
About three-quarters (about 75%)	28.57	25.00	0.00	37.50
Nearly all (about 85-90%)	0.00	0.00	0.00	0.00
All (100%)	16.67	0.00	0.00	16.67
Spearman's rho (p value)	0.02 (0.535)	0.05 (0.055)	-0.01 (0.572)	0.04 (0.097)
Composition of staff in terms of gender (% female)				
None (0%)	18.32	12.87	0.50	22.39
A few (5-10%)	16.47	7.23	0.40	18.47
About a quarter (about 25%)	17.89	13.76	2.11	24.34
About half (about 50%)	10.05	8.25	0.77	13.37
More than half (about 60%)	13.51	6.76	0.45	14.03
About three-quarters (about 75%)	14.95	11.92	1.03	19.07
Nearly all (about 85-90%)	14.72	12.27	0.00	17.07
All (100%)	10.08	5.04	0.00	12.50
Spearman's rho (p value)	-0.04 (0.074)	-0.02 (0.515)	-0.03 (0.234)	-0.05 (0.035)
Composition of staff in terms of age (% of young people under 25)				
None (0%)	14.80	6.88	0.00	15.94
A few (5-10%)	15.10	9.77	0.71	18.29
About a quarter (about 25%)	15.19	10.35	0.51	18.69
About half (about 50%)	14.34	12.82	1.83	18.38
More than half (about 60%)	9.80	3.92	0.00	12.75
About three-quarters (about 75%)	18.52	14.81	0.00	22.22
Nearly all (about 85-90%)	0.00	4.35	0.00	4.35
All (100%)	0.00	20.00	0.00	20.00
Spearman's rho (p value)	-0.03 (0.292)	0.04 (0.086)	0.03 (0.261)	0.001 (0.965)

Significance set at $p < 0.05$ and highlighted in grey.

4.3.4 Relationships between Workplace Role and Perpetration of Ill Treatment

Table 4.3.5 presents percentages of those who reported perpetrating ill treatment by occupational group, managerial or supervisory duties and job permanence.

Those having managerial duties reported perpetrating significantly higher levels of unreasonable management and incivility. Among occupational groups the highest levels of perpetration of at least 1 item was for skilled trade.

Table 4.3.5: Percentage Who Perpetrated Ill Treatment by Occupational Group, Managerial or Supervisory Duties and Job Permanence

	Unreasonable management %	Incivility or disrespect %	Violence or injury %	At least 1 item %
Total	14.00	9.47	0.62	17.07
Occupational group				
Managers and senior officials	18.12	10.95	1.45	21.01
Professional occupations	11.90	7.95	1.13	13.88
Associate professional and technical	15.04	12.78	0.44	18.14
Administrative and secretarial	12.04	6.48	1.38	14.75
Skilled trade	18.58	13.11	0.00	24.04
Personal service	10.81	5.41	0.00	12.84
Sales and customer service	10.18	6.55	0.60	13.69
Process plant and machine	19.69	11.81	0.79	22.83
Elementary	13.30	10.84	0.00	17.73
<i>p</i>	<i>0.079</i>	<i>0.057</i>	<i>nv</i>	<i>0.025</i>
Managerial or supervisory duties				
Yes	16.73	12.07	0.80	20.32
No	12.57	8.43	0.56	15.37
<i>p</i>	<i>0.023</i>	<i>0.019</i>	<i>0.553</i>	<i>0.012</i>
Job permanence				
Yes	13.28	9.11	0.70	16.41
No	16.61	11.30	0.33	19.27
<i>p</i>	<i>0.128</i>	<i>0.239</i>	<i>0.470</i>	<i>0.229</i>

p = *p* value from Pearson's chi square test; *nv* = invalid chi square test due to low numbers; Significance set at *p*<0.05 and highlighted in grey.

4.3.5 Relationships between Workplace Conditions and Perpetration of Ill Treatment

Table 4.3.6 presents percentages of those who reported perpetrating ill-treatment factors by their responses to FARE items.

The table shows that higher percentages reported perpetrating behaviours within unreasonable management and incivility ill-treatment factors where negative workplace conditions were reported. However, having control of the quality standards by which individuals work and decisions being made by the manager, were not significantly related to perpetration of unreasonable management.

Report of perpetration of violence was significantly higher among those who work where they are not treated as individuals.

Table 4.3.6: Percentages Who Perpetrated Ill Treatment by FARE Items

	Unreasonable management %	Incivility or disrespect %	Violence or injury %	At least 1 item %
Total	14.00	9.47	0.62	17.07
Where I work:				
The needs of the organisation always come first	30.63	21.48	1.06	34.51
No	10.81	7.16	0.54	13.72
p	<0.001	<0.001	0.255*	<0.001
You have to compromise your principles	24.36	24.36	1.29	32.05
No	13.00	8.02	0.50	15.61
p	<0.001	<0.001	0.217*	<0.001
People are treated as individuals	13.11	8.37	0.43	15.75
No	24.46	22.30	2.88	32.37
p	<0.001	<0.001	0.008*	<0.001
I decide how much work I do or how fast I work	12.97	8.20	0.55	15.73
No	26.92	25.38	1.54	33.85
p	<0.001	<0.001	0.192*	<0.001
My manager decides the specific tasks I do	16.71	11.78	0.55	21.37
No	13.30	8.86	0.64	15.94
p	0.094	0.090	0.594*	0.014
I decide the quality standards by which I work	13.76	9.04	0.60	16.70
No	18.28	17.20	1.08	23.66
p	0.222	0.009	0.450*	0.082
I have less control over my work than a year ago	22.90	19.85	0.76	30.77
No	13.29	8.63	0.61	15.97
p	0.002	<0.001	0.573	<0.001
The pace of work in my present job is too intense	20.35	15.15	0.87	23.81
No	13.10	8.60	0.59	16.05
p	<0.001	<0.001	0.645*	<0.001
The nature of my work has changed over the past year	17.63	12.34	0.52	21.26
No	13.01	8.68	0.65	15.91
p	0.021	0.031	1.000*	0.013
The pace of work in my job has increased over the past year	16.63	13.01	0.96	21.93
No	13.27	8.38	0.52	15.57
p	0.085	<0.001	0.298*	<0.001

p: p value derived from Chi Square test; *p value derived from Fisher's Exact test; Significance set at p<0.05 and highlighted in grey.

4.3.6 Predictors of Perpetrating Ill Treatment

This section presents outcomes of multivariate models (logistic regression) for each ill-treatment factor (violence, unreasonable management and incivility and disrespect), presenting how much more likely some characteristics are associated with perpetrating ill treatment than others. Demographic and workplace related characteristics included in these models are shown in Table 4.3.7 with estimates of how much more or less likely ill treatment was perpetrated for each (odd ratios and 95% confidence intervals).

Table 4.3.7: Factor Level ORs (95%CI) for Perpetrated Ill Treatment

Independent variables (reference category)	Unreasonable management	Incivility	Violence	At least 1 of the 21 items
Female (Male)	1.0 (0.6-1.5)	0.7 (0.4-1.2)	1.8 (0.3-10.7)	1.0 (0.7-1.5)
Age (18-24)			0.4 (0.2-1.1)	
25-34	2.2 (0.9-5.3)	1.2 (0.5-2.9)	-	1.9 (0.9-4.0)
35-44	1.3 (0.5-3.2)	0.9 (0.4-2.1)	-	1.3 (0.6-2.8)
45-54	0.9 (0.3-2.4)	0.8 (0.3-2.0)	-	1.0 (0.4-2.3)
55+	1.0 (0.4-2.6)	0.5 (0.2-1.5)	-	0.9 (0.4-2.2)
Ethnicity (White)				
Asian	1.7 (0.7-4.0)	1.0 (0.3-3.1)	0.5 (0.0-29.8)	1.5 (0.7-3.5)
Black, mixed & other	1.7 (0.7-4.3)	3.3 (1.4-7.9)	8.5 (0.6-116.5)	2.1 (0.9-4.7)
Higher qualification (Secondary and below)	0.6 (0.4-0.9)	0.6 (0.4-1.0)	2.7 (0.3-26.8)	0.6 (0.4-0.9)
Disability (None)	1.1 (0.4-3.1)	1.2 (0.4-3.7)		1.1 (0.4-2.9)
Income	1.0 (0.9-1.2)	0.9 (0.7-1.1)	1.9 (0.9-4.2)	1.0 (0.9-1.2)
Region (Dublin)				
Leinster (excluding Dublin)	0.8 (0.4-1.3)	1.4 (0.8-2.7)	0.1 (0.0-6.6)	1.0 (0.6-1.7)
Munster	0.7 (0.4-1.2)	1.1 (0.6-2.1)	0.4 (0.0-3.9)	0.8 (0.5-1.3)
Connaught or Ulster	1.3 (0.7-2.2)	1.7 (0.9-3.3)	1.3 (0.2-8.9)	1.3 (0.8-2.2)
Managerial	1.3 (0.8-1.9)	2.2 (1.3-3.5)	1.7 (0.3-8.6)	1.3 (0.9-1.9)
Permanent	0.8 (0.5-1.3)	0.9 (0.5-1.5)	1.6 (0.1-21.5)	0.9 (0.6-1.3)
Trade union	1.0 (0.6-1.7)	1.6 (0.9-2.8)	0.2 (0.0-2.3)	1.2 (0.8-1.8)
Public sector (Private or Voluntary)	2.5 (1.5-4.2)	1.4 (0.8-2.6)	5.2 (0.6-43.5)	1.7 (1.1-2.7)
Workplace size (less than 10)				
10 to 49	0.8 (0.5-1.2)	0.7 (0.4-1.3)	3.3 (0.4-28.8)	0.8 (0.5-1.2)
50 to 249	0.7 (0.4-1.2)	0.6 (0.3-1.2)	2.5 (0.2-30.5)	0.8 (0.4-1.3)
250 or more	0.5 (0.2-1.1)	0.6 (0.3-1.4)	1.6 (0.1-38.4)	0.5 (0.3-1.1)
Workplace composition – ethnicity (increasing % ethnic)	1.0 (0.8-1.2)	1.0 (0.8-1.3)	0.6 (0.2-1.8)	1.0 (0.9-1.3)
Workplace composition – gender (increasing % female)	0.9 (0.8-1.0)	0.9 (0.8-1.1)	0.5 (0.3-1.0)	0.9 (0.8-1.0)
Workplace composition – age (increasing % younger)	0.9 (0.8-1.0)	1.0 (0.9-1.2)	1.3 (0.8-2.2)	0.9 (0.8-1.1)
The needs of the organisation always come first	3.2 (2.0-5.0)	2.3 (1.3-3.8)	0.6 (0.1-5.0)	2.6 (1.7-4.0)
You have to compromise your principles	1.6 (0.9-2.7)	2.3 (1.3-4.0)	0.9 (0.1-15.2)	1.9 (1.1-3.1)
People are treated as individuals	1.0 (0.5-1.8)	0.6 (0.3-1.1)	0.1 (0.0-0.9)	0.8 (0.4-1.3)
I decide how much work I do or how fast I work	0.5 (0.3-1.0)	0.3 (0.2-0.6)	1.2 (0.1-26.8)	0.5 (0.3-0.8)
My manager decides the specific tasks I will do	1.0 (0.6-1.5)	0.8 (0.5-1.2)	0.8 (0.1-6.3)	1.0 (0.6-1.4)
I decide the quality standards by which I work	0.9 (0.4-1.8)	0.7 (0.3-1.5)	0.4 (0.0-9.2)	0.8 (0.4-1.6)
I now have less control over my work than a year ago	1.6 (0.8-2.9)	0.9 (0.4-1.8)	-	1.5 (0.9-2.7)
The pace of work in my present job is too intense	0.9 (0.5-1.5)	1.0 (0.6-1.9)	-	0.8 (0.5-1.3)
The nature of my work has changed over the past year	1.6 (1.0-2.6)	1.1 (0.7-2.0)	0.3 (0.0-4.5)	1.3 (0.8-1.9)
The pace of work has increased over the past year	1.0 (0.6-1.5)	1.5 (0.9-2.5)	1.3 (0.2-7.3)	1.5 (1.0-2.2)
No. cases in each model = 1184				
Nagelkerke R Square	0.166	0.173	0.316	0.153
Hosmer and Lemeshow Test	0.257	0.103	<0.001	0.022
Overall Percentage	86.0	90.2	99.2	83.1
Significant ($p<0.05$) Exp(B) values above 1	Significant ($p<0.05$) Exp(B) values below 1			

Perpetrating at least one item

Employees were significantly more likely to report perpetrating at least one item of ill treatment if they were employed in the public sector (1.7x), where the needs of the organisation come first (2.6x) and employees have to compromise their principles (1.9x).

Predictors that reduced the likelihood of perpetrating at least one item of ill treatment were having a higher education level (-43%), working where there are a higher percentage of female employees (-12% per increase) and where individuals decide how much work they do or how fast they work (-55%).

Perpetrating violence

On the basis of the low numbers that reported perpetration of violence some variables were excluded from this model (Disability and two FARE items: Less control over work and Pace of work increased over the past year); or were entered into the model a modified way (Age was entered as a covariate rather than as a fixed variable).

Only two of the predictors in the model showed significant outcomes, both showing reduced likelihood of violence. These were for where the composition of the workplace had a higher level of female employees (-46% per increase) and where employees are treated as individuals (-87%).

Perpetrating unreasonable management

Employees were more likely to perpetrate unreasonable management if they worked in the public sector (2.5x), where the needs of the organisation come first (3.2x) and the nature of work had changed over the past year (1.6x).

Perpetrating unreasonable management was less likely for those having a higher education level (-43%), where there was a higher percentage of female employees (-12% per increase), a higher percentage of young employees (-14% per increase) and where employees are able to decide how fast they work (-46%).

Perpetrating incivility or disrespect

Reporting of perpetrating incivility was more likely for employees who were of black, mixed or other ethnicity (3.3x), held a managerial position (2.2x) were employed in an organisation where the needs of the organisation come first (2.3x) and where employees have to compromise their principles (2.3x).

The likelihood of perpetrating incivility was lower for those with a higher education level (-42%) and where employees are able to decide how fast they work (-68%).

4.4 Relationships between Experience, Witness and Perpetration of Ill Treatment

This section presents the relationships between reports of experiencing, witnessing and perpetration of ill treatment.

Figure 4.4.1 compares the percentages reported for each ill treatment item experienced, witnessed and perpetrated and shows that the report of witnessing ill treatment is higher than for the confirmed report of its experience for all items.

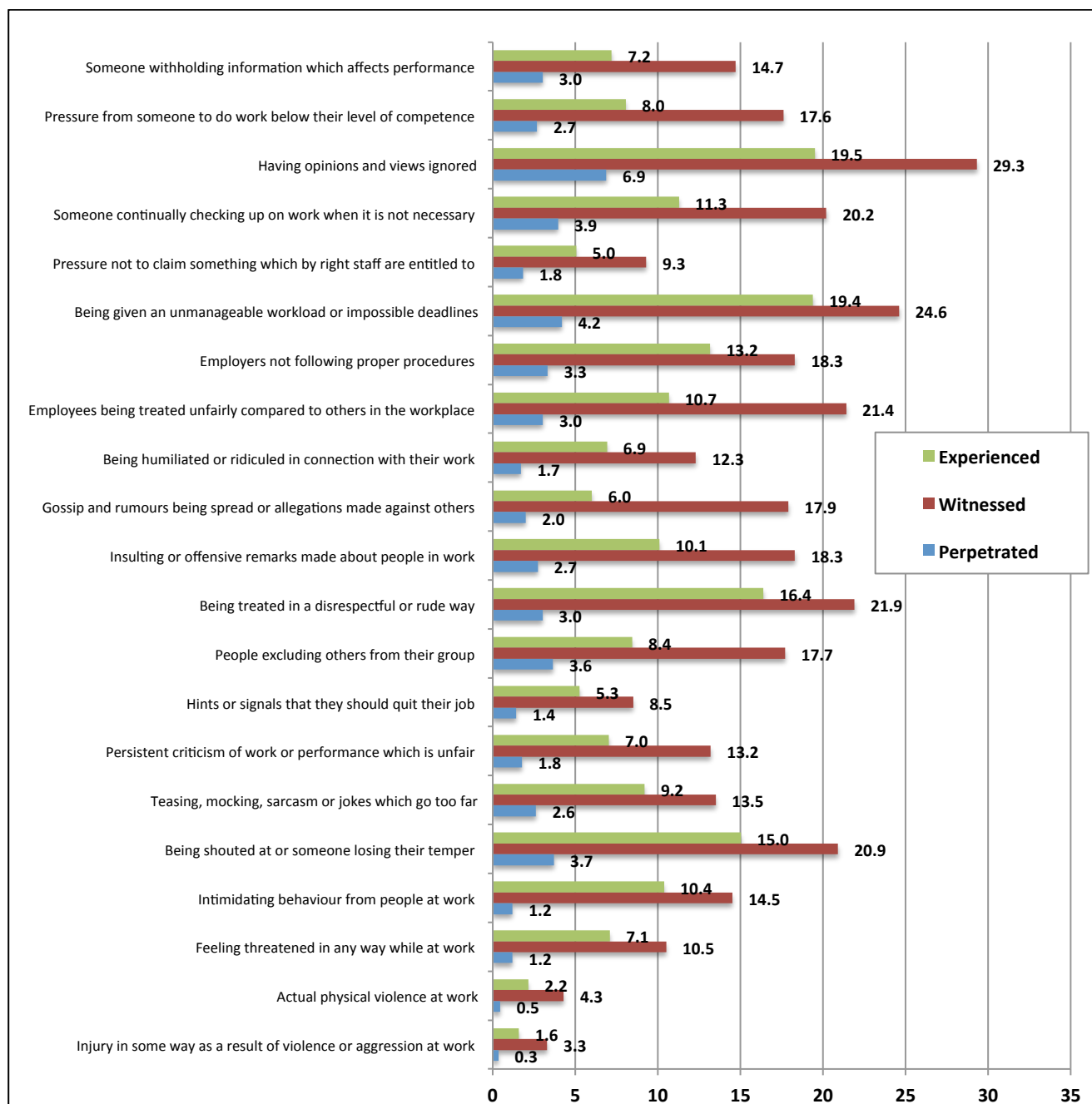


Figure 4.4.1: Comparison of Percentage Reported for Experiencing, witnessing and Perpetrating Ill Treatment

Correlations between report of experiencing, witnessing and perpetration are presented in Table 4.4.1 as Spearman's Rho values. The table shows that those who have experienced ill treatment tend to report witness of it, with medium to strong positive correlations between experiencing and witnessing for all items (Spearman's rho values from 0.4 to 0.6; $p < 0.05$).

Correlations with reporting perpetration were not as strong, those between experiencing and perpetration of ill treatment and between witnessing and perpetration were from 0.1 to 0.2 (Spearman's rho) but were significant ($p < 0.05$) for all items except injury as a result of violence at work.

Table 4.4.1: Correlations between Experiencing, Witnessing and Perpetrating Ill Treatment

Ill treatment item	Experienced x Witnessed	Experienced x Perpetrated	Witnessed x Perpetrated
Withheld information which affected someone's performance	0.436**	0.166**	0.226**
Put pressure on someone to do work below their level of competence	0.431**	0.161**	0.225**
Ignored opinions and views of others	0.509**	0.286**	0.276**
Continually checked up on someone's work when it was not necessary	0.485**	0.189**	0.179**
Put pressure on someone not to claim something they were entitled to	0.469**	0.230**	0.287**
Given someone an unmanageable workload or impossible deadlines	0.569**	0.188**	0.170**
Not followed proper procedures in the workplace	0.608**	0.249**	0.242**
Treated someone unfairly compared to others in the workplace	0.400**	0.130**	0.168**
Humiliated or ridiculed someone in connection with their work	0.461**	0.056*	0.143**
Spread gossip and rumours or made allegations against someone	0.267**	0.143**	0.181**
Insulted or made offensive remarks about someone	0.352**	0.100**	0.245**
Treated someone in a disrespectful or rude way	0.530**	0.156**	0.231**
Excluded people from your group	0.418**	0.155**	0.236**
Given hints or signals to others that they should quit their job	0.391**	0.148**	0.140**
Persistently criticised work or performance which was unfair	0.338**	0.144**	0.116**
Teasing, mocking, sarcasm or jokes which go too far	0.411**	0.245**	0.261**
Shouted at or lost your temper with someone at work	0.520**	0.214**	0.269**
Intimidating behaviour to people at work	0.392**	0.053*	0.132**
Made someone feel threatened in any way while at work	0.502**	0.160**	0.177**
Actual physical violence at work	0.545**	0.106**	0.193**
Injured anyone as a result of violence or aggression at work	0.543**	0.0072	0.044

Values presented are Spearman's Rho; * significant at < 0.05 ; ** significant at < 0.01

5 Items Followed Up

Those participants who reported three or more items were asked follow-up questions regarding the perpetrators and their perceived reasons for the behaviours they had experienced. Where more than three items were reported, the follow-up items were selected using a scoring system (see Appendix 1) based on responses to Q1 and Q4. The scoring prioritised violent acts on the basis that these were considered more serious incidents (Fevre et al., 2012)³⁶. Data in this section was therefore derived from respondents who experienced multiple forms of ill treatment and that were considered to be of the most serious form. Fevre et al. (2012) refer to these individuals as the troubled minority. The selected items were the focus of three rounds of further questions regarding the gender, ethnicity and work role of perpetrators and perceived reasons for the experience of the ill treatment.

This section treats each ill treatment item selected by this process as an individual occurrence. Factor-level analyses of items, (Unreasonable treatment, Incivility and disrespect, and Violence and injury) are presented as for previous sections. Table 5.1 presents the factor level percentages (unweighted) for items followed up in each of the three rounds of questions.

Table 5.1: Factor Level Frequencies and Percentages of Items Followed Up in Each Round of Questions

	Unreasonable management % (n)	Incivility or Disrespect % (n)	Violence or Injury % (n)
Item asked about 1st	15.0 (69)	75.9 (350)	9.1 (42)
Item asked about 2nd	33.2 (153)	63.1 (291)	3.7 (17)
Item asked about 3rd	42.1 (194)	57.9 (267)	0.0 (0)
Total	30.1 (416)	65.7 (908)	4.3 (59)

In total 461 participants were asked follow-up questions for three reported items of ill treatment, therefore 1383 items were followed up. Prioritisation of the selection of reported violence or injury meant these items had been followed up by round 2 of this process.

5.1 Percentage of Each Ill Treatment Item Followed Up

Table 5.2 presents percentages of each ill treatment item followed up and within each item, the percentage of those responsible for the behaviour by gender.

Overall higher percentages of males (45%) than females (28%) or both males and females (26%) were reported to be the perpetrators of the ill treatment experienced. At the factor level unreasonable management and violence or injury show significantly different percentage distributions by gender with more males perpetrating unreasonable management (53%, $p=0.01$, chi square test) and more violence and injury perpetrated by both males and females. The distribution of percentages for the latter is mainly attributable to the 'actual physical violence' item of this factor that showed a significantly higher percentage of both male and female perpetrators (48%, $p=0.03$, chi square test). However, of note is the overall perpetration of this behaviour by males, as the percentage reporting only males (37%) as perpetrators is more than twice that for only females (15%).

Specific items differed in the gender of the perpetrator responsible. Items with significantly higher percentages of male perpetrators were: having opinions and views ignored (males 67%, $p=0.03$, chi square test) and feeling threatened while at work (males 50%, $p=0.02$, chi square test).

³⁶ Fevre, R., Lewis, D., Robinson, A. & Jones, T. (2012). *Trouble at Work*. Bloomsbury Academic: London, p31

Items with significantly higher percentages of female perpetrators were: spreading gossip and rumours (71%, $p=0.03$, chi square test) and people excluding others from their group (44%, $p=0.03$, chi square test).

Table 5.2: Percentage of Ill Treatment Items Followed Up, Total and by Gender

Ill treatment item experienced	Total %	Gender of person responsible			
		Male %	Female %	Both %	p
Unreasonable management	30.3	53.4	27.5	19.2	0.012
Someone withholding information which affects performance	2.1	31.3	50.0	18.8	0.145
Pressure from someone to do work below their level of competence	2.6	43.8	37.5	18.8	0.644
Having opinions and views ignored	7.3	66.7	16.7	16.7	0.031
Someone continually checking up on work when it is not necessary	3.3	55.0	30.0	15.0	0.476
Pressure not to claim something which by right staff are entitled to	1.5	38.5	53.8	7.7	0.083
Being given an unmanageable workload or impossible deadlines	5.6	57.9	18.4	23.7	0.236
Employers not following proper procedures	4.0	55.9	20.6	23.5	0.416
Employees being treated unfairly compared to others in the workplace	3.9	50.0	27.8	22.2	0.896
Incivility or disrespect	65.2	43.5	29.0	27.5	0.369
Being humiliated or ridiculed in connection with their work	4.0	61.5	26.9	11.5	0.147
Gossip and rumours being spread or allegations made against others	1.9	28.6	71.4	0.0	0.030
Insulting or offensive remarks made about people in work	3.4	35.7	28.6	35.7	0.690
Being treated in a disrespectful or rude way	5.8	39.4	21.2	39.4	0.218
People excluding others from their group	4.8	25.0	44.4	30.6	0.028
Hints or signals that they should quit their job	2.2	57.1	21.4	21.4	0.667
Persistent criticism of work or performance which is unfair	3.1	37.5	37.5	25.0	0.690
Teasing, mocking, sarcasm or jokes which go too far	4.7	37.5	33.3	29.2	0.730
Being shouted at or someone losing their temper	15.1	45.7	28.3	26.0	0.990
Intimidating behaviour from people at work	11.6	40.6	35.8	23.6	0.166
Feeling threatened in any way while at work	8.6	50.0	17.6	32.4	0.027
Violence or injury	4.5	34.0	22.6	43.4	0.016
Actual physical violence at work	2.6	37.0	14.8	48.1	0.029
Injury in some way as a result of violence or aggression at work	1.9	30.8	30.8	38.5	0.247
Total		45.4	28.2	26.4	

p: p value derived from Chi Square test. Grey shading highlights significant relationships between the behaviour items and gender of the perpetrator.

5.1.1 Relationship between the Gender of those Experiencing Ill Treatment and the Gender of Reported Perpetrators

Table 5.3 presents the percentage of those responsible for ill treatment within a specific gender by the gender of the person experiencing it (instances where both genders were reported as being responsible were not included in this analysis).

Nearly equal percentages of follow-up cases were male or female; however, those responsible for their ill treatment were 8 times more likely to be of the same gender as the person experiencing it. This pattern held across the different ill-treatment factors but was not statistically significant for violence or injury.

Table 5.3: Percentage of Those Responsible for Ill Treatment within a Specific Gender, by Gender of the Person Experiencing the Behaviour

	Gender of the person responsible	Gender of the person experiencing the ill treatment				
		Male %	Female %	chi	p	OR (95% CI)
Total	Male	67.1	32.9	116.3	<0.001	8.1 (5.4-21.1)
	Female	20.1	79.9			
	Total	49.0	51.0			
Unreasonable management	Male	69.6	30.4	26.3	<0.001	6.4 (3.0-13.4)
	Female	26.4	73.6			
Incivility and disrespect	Male	66.8	33.2	89.0	<0.001	9.9 (5.9-16.5)
	Female	16.9	83.1			
Violence and injury	Male	55.6	44.4	2.7	0.098	3.75 (0.8-18.6)
	Female	25.0	75.0			

5.1.2 Relationship between Ethnicity of Those Experiencing Ill Treatment and Ethnicity of Reported Perpetrators

Table 5.4 presents the relationship between the ethnicity of the individual experiencing ill treatment and the ethnicity of the reported perpetrator. Of those followed up, 15.5% were of non-white ethnicity, slightly above representation of this group in the total sample. A pattern similar to that for gender was found: the perpetrators were 6 times more likely to be of a similar ethnic background to those they ill-treat.

Table 5.4: Ethnicity of Perpetrator by Ethnicity of the Person Experiencing the Ill Treatment

Ethnicity of the perpetrator	Ethnicity of person experiencing the ill treatment				
	White %	All other ethnicities %	chi	p	OR (95% CI)
Total	84.5	15.5			
White	85.4	14.6	24.228	<0.001	6.4 (2.8-14.7)
All other ethnicities	47.8	52.2			

5.1.3 Perceived Reasons for Ill Treatment

Those whose experiences were followed up were presented with a range of potential reasons for why the ill treatment had occurred. Table 5.5 presents the percentages that reported these reasons among those who experienced behaviours within each ill-treatment factor.

Distributions of percentages for each ill-treatment factors reporting or not reporting the perceived reasons for the behaviour were tested (chi squared). Where significant relationships were found higher percentages were reported for the perceived reason mainly among those who had experienced violence. A slightly higher percentage, however, was found among those experiencing incivility or disrespect that thought the reason was due to the perpetrator's attitude or personality (41%).

Significantly higher percentages for perceived reasons for experiencing violence were for: it's just the way things are (68%), people have a clique or group from which you are excluded (17%) the race or skin colour of the person experiencing the behaviour (16%), their gender (13%), their nationality (13%), their accent or where they live (8%) being singled out or picked on (8%), long term illness (3%), or something else not already specified (18%).

Table 5.5: Percentage Reporting Reasons for Experienced Ill Treatment

Perceived reason for ill treatment	Unreasonable management %	Incivility %	Violence %	Total %	chi	p
Your position in the organisation	21.90	22.40	20.30	22.10	0.15	0.927
It's just the way things are where you work	37.40	40.00	68.30	40.50	21.01	<0.001
Your performance at work	9.80	10.80	6.80	10.20	1.10	0.578
The attitude or personality of the other person(s)	26.80	41.10	40.00	36.70	24.25	<0.001
People's relationships at work (e.g. favouritism)	11.80	16.50	18.00	15.10	5.09	0.078
People have a group or clique at work and exclude you from it	5.80	15.70	16.90	12.70	25.29	<0.001
Your age	4.60	5.80	6.70	5.40	0.94	0.626
Your gender	2.00	5.40	13.30	4.80	17.34	<0.001
Your nationality	3.50	9.90	13.30	8.00	17.34	<0.001
Your religion	0.50	2.00	3.40	1.60	5.12	0.077
Your race, ethnic group and/or colour of skin	3.00	7.70	16.40	6.60	19.74	<0.001
Your sexual orientation (e.g. gay, straight, lesbian, bi-sexual etc.)	0.00	0.50	1.60	0.40	4.25	0.120
Your disability	0.00	0.10	1.60	0.10	9.55	0.008
Your long-term illness or other health problems	0.70	0.20	3.20	0.50	10.56	0.005
Your union membership	1.00	0.70	3.20	0.90	4.26	0.119
Your physical appearance or the way you dress	2.00	3.80	4.80	3.30	3.14	0.208
You being pregnant/your family or caring responsibilities or marital status	1.50	1.00	0.00	1.20	1.23	0.540
Your accent or the way you speak, address or where you live, or social class	2.20	6.30	8.10	5.10	10.27	0.006
Something else about you (e.g. you get singled out, you get picked on)	1.50	4.00	8.30	3.50	9.64	0.008
Something else not already specified	5.50	4.60	18.30	5.50	20.35	<0.001

p value derived from Chi Square test. Grey shading highlights significant relationships between the behaviour factor experienced and the perceived reason.

Other reported reasons, not already specified on the questionnaire, are shown in Table 5.6 by the ill treatment experienced.

Table 5.6: Other Reported Reasons for Ill Treatment

Behaviour experienced	Perceived reason
Someone withholding information, which affects performance.	As already stated reception not passing on names of people enquiring about new/second-hand cars Co worker was just lazy and invoices were not coded She was under trained and did not realise the information was important Volume of workload
Pressure from someone else to do work below your level of competence.	A once off incident I am a fully qualified care assistant and I was asked to do kitchen wash up as they were short staffed, I refused and that was it. I am a car salesperson management wanted me to do paperwork for new/second-hand cars as well. Accounts responsibility
Pressure from someone else not to claim something which by right you are entitled to	Workload
Being given an unmanageable workload or impossible deadlines	Boss wanted the accounts done by an earlier date than normal Its to do with bell curve system of rating Refused (very personal) Things can get extremely busy at work, hectic at times and we have to work really hard to meet our deadlines

Behaviour experienced	Perceived reason
Your employer not following proper procedures	Again bad scaffolding and shortcuts Employer not following Health and Safety rules Health & Safety issues mainly, during the silage season health and safety non-existent. Mainly Health & Safety issues no proper masks in car spraying area Not discussable Supervisor cutting corners to keep production numbers up Supervisor not following safety procedures Supervisor overworked Under staffing
Being treated unfairly compared to others in your workplace	Promotion opportunities. Felt like I was overlooked
Being humiliated or ridiculed in connection with your work	They did not like what I was telling them
Being insulted or having offensive remarks made about you	Client attacked me saying I in the job that I was something special verbal abuse
Being treated in a disrespectful or rude way	Clients generally rude in the Jewellers shop
People excluding you from their group	A co worker took a dislike to me and refused to talk to me for about 6 months something I was supposed to have said about her which I did not It's a kind of accepted organisational behaviour
Being shouted at or someone losing their temper with you	Clients looking to sort out problems, get very frustrated Guy was under pressure and I wasn't giving him the answer he sought It is just the way things are at work, everyone is too busy, deadlines have to be met My being raised in an industrial school A fellow co worker and I just do not get on Older people living in the nursing home are sometimes vulnerable and lose their patience Personality of the other person We, the workers, were (<i>specific nationality named</i>), and the bosses were (<i>specific nationality named</i>), and they didn't treat us well, the other ordinary (<i>specific nationality named</i>) workers were treated more favourably Work pressure situation Workload, pressure, fatigue
Intimidating behaviour from people at work	Assistant manager was not to taking his own responsibilities so delayed the organisational priorities Because he dislikes women Hospital psychiatric patients Being on a temporary contract Stress, fatigue
Actual physical violence at work	Clients were patients Its part of the job
Injury in some way as a result of violence or aggression at work	Challenging behaviour of the clients at work In the course of an arrest was assaulted by a suspect Part of job dealing with violent prisoners Work with challenging behaviour children

Table 5.7 presents the likelihood (odds ratios) of perceived reasons for ill treatment being reported. Where unreasonable management had been experienced, all significant specified reasons were less likely to have been reported when compared to those not experiencing this ill-treatment factor.

Table 5.7: Likelihood of Perceived Reason for Ill-Treatment Factors Experienced

Perceived reason for the ill treatment	Unreasonable management OR (95%CI)	Incivility or disrespect OR (95%CI)	Violence or injury OR (95%CI)
Your position in the organisation	1.0 (0.7-1.3)	1.0 (0.8-1.4)	0.9 (0.5-1.7)
It's just the way things are where you work	0.8 (0.7-1.1)	0.9 (0.7-1.2)	3.4 (1.9-5.9)
Your performance at work	0.9 (0.6-1.4)	1.2 (0.8-1.7)	0.6 (0.2-1.8)
The attitude or personality of the other person(s)	0.5 (0.4-0.7)	1.7 (1.4-2.2)	1.2 (0.7-2.0)
People's relationships at work (e.g. favouritism)	0.7 (0.5-1.0)	1.4 (1.0-1.9)	1.2 (0.6-2.4)
People have a group or clique at work and exclude you from it	0.3 (0.2-0.5)	2.4 (1.6-3.6)	1.4 (0.7-2.9)
Your age	0.8 (0.5-1.4)	1.2 (0.7-2.0)	1.3 (0.4-3.6)
Your gender	0.3 (0.2-0.7)	1.6 (0.9-2.9)	3.4 (1.5-7.5)
Your nationality	0.3 (0.2-0.6)	2.2 (1.3-3.5)	1.8 (0.8-3.9)
Your religion	0.3 (0.1-1.1)	2.3 (0.8-6.8)	2.3 (0.5-10.3)
Your race, ethnic group and/or colour of skin	0.3 (0.2-0.6)	1.7 (1.0-2.8)	2.9 (1.4-6.0)
Your sexual orientation (e.g. gay, straight, lesbian, bi-sexual etc.)	0.7 (0.7-0.7)	2.1 (0.2-19.1)	5.2 (0.6-47.5)
Your disability	0.7 (0.7-0.7)	0.5 (0.0-8.5)	20.9 (1.3-337.4)
Your long-term illness or other health problems	1.7 (0.4-7.9)	0.2 (0.0-1.1)	8.5 (1.6-44.6)
Your union membership	1.2 (0.4-3.9)	0.5 (0.2-1.6)	4.2 (0.9-19.7)
Your physical appearance or the way you dress	0.5 (0.2-1.1)	1.8 (0.9-3.6)	1.5 (0.5-5.1)
You being pregnant/your family or caring responsibilities or marital status	1.4 (0.5-3.9)	0.7 (0.3-1.9)	1.0 (0.9-1.0)
Your accent or the way you speak, address or where you live, or social class	0.3 (0.2-0.7)	2.1 (1.2-3.9)	1.7 (0.6-4.3)
Something else about you (e.g. you get singled out, you get picked on)	0.3 (0.1-0.8)	1.9 (0.9-3.8)	2.7 (1.0-7.2)
Something else not already specified	1.0 (0.6-1.7)	0.6 (0.4-1.0)	4.4 (2.2-8.8)
Significant ($p<0.05$) OR values above 1 Significant ($p<0.05$) OR values below 1			

Incivility was most likely reported to be due to exclusion by a group or clique (2.4x). Other significant reasons for incivility were the perpetrator's attitude or personality (1.7x), the nationality of the person experiencing the behaviour (2.2x), their ethnic group (1.7x), or their accent, address or social class (2.1x). Having a long-term illness or health issue was less likely to be perceived as a reason for incivility (-80%) but more likely to be perceived as a reason for violence (8.5x). Other significant perceived reasons reported for violence were it's just the way things are where the individual experiencing the ill treatment works (3.4x), their gender (3.4x), and their ethnic group (2.9x).

Table 5.8 presents the percentages of reported work place roles of perpetrators (superiors, co workers, subordinates, clients or the organisation) among those experiencing behaviours within each ill-treatment factor.

For example overall 24.5% of those followed up reported an employer was the perpetrator. Percentages reporting a superior as the perpetrator were 29% among those who experienced unreasonable management, 23.5% among those experiencing incivility and 8.1% and among those experiencing violence. The percentages reported in the table do not add up to 100, as only percentages for those reporting the perpetrator role are presented (e.g. 71% of those experiencing unreasonable management did not report that a superior was responsible).

The table shows that overall the highest percentage of followed up ill treatment items were perpetrated by superiors (25%) and that lower percentages of subordinates or not an individual were reported among each ill-treatment factor. There were, however, significant differences in the type of ill treatment perpetrated by superiors/employers, co-workers and clients.

Table 5.8: Role of Perpetrator by Ill-Treatment Factors Experienced

Role of perpetrator	Unreasonable management	Incivility and disrespect	Violence and injury	Total	Chi	p
Employer, supervisor(s) or line manager(s), senior manager(s)	29.1	23.5	8.1	24.5	14.197	0.001
Co-worker(s), colleague(s)	12.6	18.9	6.5	16.4	12.966	0.002
Subordinate(s) or people in lower positions	2.9	2.6	0.0	2.6	1.826	0.401
Client(s), customer(s)	1.9	17.2	71.0	15.0	211.034	<0.001
Not an individual (i.e. the organisation)	1.0	0.3	1.6	0.6	3.092	0.213

p = *p* value from Chi square test

The highest percentage among those who had experienced unreasonable management reported that superiors were responsible (29%). The highest percentage among those experiencing incivility reported that co-workers and clients were responsible and the highest percentage among those experiencing violence reported that clients were responsible.

Table 5.9 shows how much more likely those in the various work roles perpetrated ill-treatment factors. Unreasonable management was significantly more likely to be reported as being perpetrated by superiors (1.4x) and less likely by co-workers (-30%) and clients (-90%). Incivility and disrespect was more likely from co-workers (1.7x) and clients (1.7x). Violence was more likely from clients (17.3x) but less likely from superiors (-70%) and co-workers (-70%).

Table 5.9: Likelihood of Perpetrator Role for Ill-Treatment Factors Experienced

Role of perpetrator	Unreasonable management OR (95%CI)	Incivility and disrespect OR (95%CI)	Violence and injury OR (95%CI)
Employer, supervisor(s) or line-manager(s), senior manager(s)	1.4 (1.1-1.8)	0.9 (0.7-1.1)	0.3 (0.1-0.7)
Co-worker(s), colleague(s)	0.7 (0.5-0.9)	1.7 (1.3-2.4)	0.3 (0.1-0.9)
Subordinate(s) or people in lower positions	1.2 (0.6-2.5)	1.0 (0.5-2.1)	1.0 (1.0-1.0)
Client(s), customer(s)	0.1 (0.0-0.2)	1.7 (1.2-2.4)	17.3 (9.8-30.7)
Not an individual (i.e. the organisation)	2.3 (0.6-9.3)	0.3 (0.1-1.3)	3.0 (0.4-25.1)
Significant (<i>p</i> <0.05) OR values above 1	Significant (<i>p</i> <0.05) OR values below 1		

6 Educational Sessions

6.1 Introduction

Two workshops took place: the first in Cork on October 5th and the second in Galway on October 19th. Participants at the workshop in Cork numbered 27, while in Galway there was a total of 26 participants. A wide range of organisations were represented at each including the HSE, Trades Unions, Universities, County Councils and charitable organisations, and also IOSH members. Those attending occupied diverse roles, for example Team Leaders, Managers and HR Managers, as well as Health and Safety Managers.

6.2 Recruitment Process

Participants were recruited via a number of channels, summarised below. As recipients may have forwarded notification of the event, it is not possible to provide an overall figure for the full reach of the invite.

- The Association for Health Promotion Ireland (APHI) circulated the workshop flyer by e-mail to 54 members as well as through Facebook and Twitter. The post reached 119 people and on Twitter was re-tweeted by Marcella Corcoran Kennedy, Minister of State for Health Promotion.
- An advertisement was run in *Health and Safety Review*.
- Local County Council HR and Health and Safety Managers were contacted.
- Ms. Norita Robinson of IOSH circulated flyer to IOSH staff and also sent to 16 members on IOSH Ireland South Committee and Adult Education Centre UCC.
- The Chartered Institute for Personnel and Development (CIPD) were contacted and information was forwarded it to CIPD regional contacts and further sent to individual members.
- The SAOLTA Hospital Groups Senior Management and regional CIPD contact circulated information.
- The Irish Congress of Trade Unions (ICTU) circulated information to 70 individual members, 57 Trade Unions and 32 Trade Councils.
- HSE Health Promotion Cork circulated to 11 HP staff.
- National Project Manager Staff Health & Wellbeing HSE circulated to 5 colleagues.
- Information was circulated to Graduates from the NUIG MSc/H Dip Occupational and Environmental Health & Safety programme, and the MA/PDG in Health Promotion.
- Ms. Patricia Murray (HSA) and member of the steering committee, sent information to a number of contacts.

6.3 Aims and Objectives

The workshops were aimed at all employees including front line staff, managerial, human resource, occupational health and all those with an interest in promoting positive work environments, culture and health. The aim of the workshop in each case was to engage employees in critical discussion and identify potential solutions to improve workplace culture, employee wellbeing and performance in respect of ill treatment. The workshops provided an opportunity for researchers and practitioners to come together and discuss problematic workplace behaviours and find ways to create positive working environments. There was a focus on discussion and networking as a means to form concrete recommendations to improve current practices within the workplace.

6.4 Workshop Structure

The structure of the day was devised by the Project team with a view to maximising the input from all participants. There was a formal element in the form of presentations from experts in the field. The first of two presentations was made by Patricia Murray, Psychologist with the Health and Safety Authority (HSA). There then followed information and discussion on preliminary research findings by Dr. Patricia Mannix McNamara and Dr. Sarah MacCurtain of the University of Limerick.

Patricia Murray from the HSA began by giving some perspectives from the field about her experiences with reported incidents of ill treatment and bullying in the workplace, followed by an open discussion about the types of behaviours that may be construed as ill treatment or bullying behaviour, the creation of a positive work climate and the legal obligations for employers in relation to reported incidents of bullying and how such incidents might best be handled. There was substantial input from participants, particularly in relation to exactly what constitutes bullying and how best to deal with scenarios where employees perceived ill treatment. There followed then a presentation which explored the findings of research, both recent Irish surveys in 2001 and 2007, and also international research. Prevalence of bullying was discussed as well as links between bullying and stress and health. The difficulties for those who witness such treatment were also highlighted. In order to take full advantage of the wide range of perspectives discussion was encouraged throughout both presentations. The discussion raised questions about how to develop and maintain a positive work climate and how communication and civility are key to establishing a positive climate in the workplace.

The presentations were followed by a discussion in break-out groups. Each group was given a real life example of ill treatment to examine and asked to identify problems and propose solutions. Reports from the break-out groups raised many issues, such as the importance of good communication, and clarity regarding job roles, as well as the potential of employee performance reviews to enhance communication for all parties. Other issues raised included the subjective nature of how individuals perceive events and the need for clear policies around issues such as bullying. Mediation was also explored as a possible solution.

The importance of minding one's mental health was also highlighted. Stress was explained as a factor that can change behaviour and act as a possible cause of erratic or problematic behaviours at work. Beginning with a brief explanation on the benefits of mindfulness for relieving stress, participants were taken through some basic mindfulness exercises by mindfulness coach Ms. Orlaith O' Sullivan. The workshop concluded with participants being provided with some recommendations as to how to approach reported incidents of bullying in the workplace, again giving an opportunity to all to contribute. The session concluded with a light lunch where participants had an opportunity to network and continue discussions on issues raised.

6.5 Feedback

In order to inform the development of future workshops and educational sessions, participants were sent a feedback form. On the whole, feedback was extremely positive and respondents stressed that they had found the workshops extremely beneficial. The form was comprised of three sections. The first dealt with insights that were gained that may be implemented in practice. The second referred to the main strengths of the workshop and, finally, recommendations were sought as to how the format and the content of the workshop may be improved upon.

In terms of new insights into the area of workplace behaviour, many participants referred to the importance of civility and the fact that inappropriate workplace behaviour represents a preventable cause of workplace stress. Many also stated that they felt they had gained a better understanding of the process necessary to deal with allegations of bullying and ways to avert problems. A number of participants also mentioned that they had not previously considered the stresses for third parties who witness bullying.

It was found that the main strengths of the workshop included bringing researchers and practitioners together to discuss the topic in a practical manner. The group work session was found to be most illuminating due to the use of real life incidents and the presenters were commended both for their knowledge and passion around the subject, and also for their open and honest style of delivery, which allowed for plenty of interesting discussion.

Feedback on the workshops was resoundingly positive. The main criticism related to lack of time, in particular around the discussion of the case studies. It was also stated that more time could have been given to the recommendations for preventing and dealing with bad behaviour. For some, more time could have been allocated to the ways in which a positive workplace climate can be fostered and less on the issue of workplace bullying. In general, it was felt that this is such an important topic that more time is needed for a deeper exploration of the issues that were raised.

6.6 Attendees

A summary of organisations and job roles of attendees for both workshops is provided below:

Attendees Cork Workshop 5th October 2016: Organisations and Job Roles

Company	Position
Representative Body	Business Development
Pharmaceutical Company	Safety Quality Excellence Lead
Pharmaceutical Company	Safety Leader
University	Department Manager
University	Department Manager
University Partnership Body	Health and Safety Officer
University	Project Manager
University	Online Programmes Co-ordinator
University	Administrator
Public Sector Organisation	Health Promotion Officer
Recruitment Firm	Technical Consultant
Public Sector Organisation	Health Promotion Officer
University	Careers Advisor
Public Sector Organisation	Health Promotion Officer
University	Student MPH Programme
University	Language Tutor
Trade Union	Organiser Education Division
Representative Body	Role not given
Manufacturing Firm	EHS Officer
Construction Firm	Regional HSE Manager
Public Sector Organisation	Head of National and Safety Function
University	Office Admin
Construction Firm	Regional HSE Manager
University	PhD Student
University	MA Health Promotion Graduate
University	MA Health Promotion Graduate
Public Sector Organisation	Health Promotion

Attendees Galway Workshop 19th October 2016: Organisations and Job Roles

Company	Position
Transport Company	EHS Advisor
Security Company	Managing Director
Construction Company	Health and Safety Manager
Charitable Organisation	Staff Nurse
Charitable Organisation	Social Work Team Leader
Charitable Organisation	Manager
Charitable Organisation	CEO
Charitable Organisation	Community Catering
Government Department	HR Manager
Public Sector Organisation	Staff Officer-HR Section
Training and Education Agency	Teacher
Training and Education Agency	Teacher
Public Sector Organisation	Health and Safety Inspector
Public Sector Organisation	Health Promotion Officer
Public Sector Organisation	Dietician
Publication-H & S	Editor
Trade Union	Organiser
Trade Union	Organiser
Trade Union	Divisional Organiser
University	Lecturer
Public Sector Organisation	Data Analyst and Project Manager
Public Sector Organisation	Group Director HR
Public Sector Organisation	HR
Trade Union	Representative
Power Company	HSE Manager
Public Sector Organisation	Project Manager

7 Case Study Methodology

The case study phase of the project aimed to explore the experiences of people within key sectors where ill treatment is particularly prevalent and with a substantial impact on health, in order to inform meaningful and workable solutions. The case studies aimed to identify relevant policies in place in the sampled organisations (as per the BWBS, the organisations were large organisations (i.e. 250- 500 employees), to explore the practices that derive from and around these policies, and the implementation of policies on the ground.

7.1 Sample

Time constraints, delays with procurement and anticipation of difficulty engaging organisations in case studies in the context of austerity and the challenges this has brought to Irish workplaces, meant that it was not advisable to await the full completion and analysis of the survey data in order to select sectors. Instead, the research team looked to the results of the BWBS study to guide case study selection.

In the BWBS, the public sector was clearly at greater risk for both violence and incivility, and the voluntary sector for violence. Health and social work were similarly at high risk for all three types of ill treatment³⁷. Therefore, it was decided to purposively identify three organisations, at least one from the public sector, at least one voluntary organisation, and at least one of these being a health/social service provider. Mining and quarrying companies were excluded because of the small number of companies in this sector in Ireland, which would have compromised anonymity, while Defence was avoided on the basis of the sector being involved in a workplace research project at the same time as the current study.

In this way three organisations were identified as follows:

	Sector	Occupation/industry	Pseudonym
1	Voluntary	Social Care	VORG1
2	Public	Administration	PBS2
3	Public	Health Care	STH3

7.2 Procedure

Potential organisations were identified through the professional contacts of members of the steering group. A member of the research team arranged to meet with personnel from each organisation in the first instance. The project was outlined and if the organisation showed willingness to engage, commitment requirements and benefits were outlined, in each case, as follows:

Commitment or the part of the organisation to:

- Allow research team to issue an open invitation to staff to participate in a short interview, on a voluntary basis, where confidentiality would be assured

³⁷ Sectors with high prevalence in the BWBS were as follows:

Violence and Injury: most prevalent in the public sector and Vol/NGO sector; 3 times greater than average in health and social work, twice average in public administration and defence.

Incivility: most prevalent in public sector, public administration and defence, and health and social work. Industries with highest risk included hotels and catering, and mining and quarrying.

Unreasonable management: most common in health and social work, public administration and defence, also more common in the utilities and financial intermediation.

- Providing access to at least three key informants (e.g. CEO, senior managers, HR, Trade Union representatives)
- Providing copies of relevant policies.

The research team committed to:

- Providing an individual company report along with specific recommendations to help improve morale, and potentially reduce absenteeism and increase output/productivity
- Ensuring that neither the organisation nor individual employees would be identifiable.

In the case of one organisation, a bespoke survey was requested for staff, based on the instrument employed in the project survey. This was agreed and results were given to the organisation, with the same commitment to confidentiality.

The topic guide for interviews (see Appendix 2) included understanding of ill treatment, personal experience, perceived causes of ill treatment, supports available, outcomes of uses of policies and procedures, and ideas for solutions/improvements in practice. There were minor variations in the interview structure for regular staff and for members of the management team.

Staff members who were interested in being interviewed, following on open call made by the research team, (see Appendix 3) made direct contact with the researcher conducting the interviews. It was agreed that those who volunteered to be interviewed would be kept confidential from the organisation, thus the organisation would not have any information about who made contact and who subsequently presented for interview. All interviews were conducted in person (face-to-face) and recorded (with permission). Audiotapes were then transcribed verbatim.

7.3 Approach to Analysis

The aim of the case study phase of the IWBS was to explore the experiences of people within key sectors where ill treatment is particularly prevalent in order to inform meaningful and workable solutions. Inductive, thematic analysis was undertaken. Transcripts were read and any identifying data removed. Data segments were coded and themes sought, reviewed and named, for each set of interviews in a separate set of processes (i.e. three separate analyses were conducted). The study objectives guided the thematic analysis although researchers also remained open to the emergence of novel or unexpected themes.

7.4 Policy Analysis

It is well-established practice, and indeed a legislative requirement in some countries, to have a Bullying Prevention Policy or a Dignity at Work policy. Various guides and specifications exist to assist organisation develop their policies. Based on a number of these documents³⁸, a checklist was devised as part of the project, which was then used to benchmark the policy environment for the case study organisations.

³⁸ Health and Safety Authority (2007) *Code of Practice for Employers and Employees on the Prevention and Resolution of Bullying at Work*, Dublin: Health and Safety Authority; Rayner, C. & Lewis, D. (2011). *Managing Workplace Bullying: The role of Policies*. In: Einarsen, S., Hoel, H., Zapf, D. & Cooper, CL. *Bullying and Harrassment in the Workplace, Developments in Theory, Research and Practice*, London: Taylor and Francis; Woodrow, C. & Guest, D. (2013). When Good HR gets Bad Results: Exploring the Challenge of HR Implementation in the Case of Bullying, *Human Resource Management Journal*, 24 (1) p 38-56

8 Case Study 1: VORG1

VORG1 is a non-statutory, voluntary organisation that has provided social care supports and services to clients whom experience a wide range of disabilities. It provides services on behalf of the statutory health services, through a formal service agreement.

The organisation is registered charity. Governance is undertaken by a Board of Directors that include parents and friends of service users, and community representatives. The Company Directors delegate the management of the Association's affairs to the Executive Director and the Management Team, which includes a Director of Services, a Financial Controller, and senior managers for various management functions.

At the time of writing, the organisation employs approximately 700 people including clerical staff, transport and maintenance staff, and professional staff including care workers (three grades) and specialised therapist staff. The organisation also facilitates a large volunteer programme, with a structured fundraising programme. It is underpinned by a value base that included working in partnership with families, voluntarism, continual quality improvement and equity of access in respect of service delivery. The organisation has a clear commitment to the principle of client centeredness.

The Community and Voluntary sector in Ireland is a large and vibrant sector. It has traditionally and continues to make a significant contribution to the delivery of health and social services in many regions. VORG1 was one of the organisations that would have evolved from charity-based model in the 1960s to a participation and empowerment model in the 1970s and 1980s. The sector has been challenged lately, in respect of both funding allocations throughout the recession and media exposure of pockets of poor practice. Funding for the sector is estimated to have dropped by up to 29% and the sector has borne a disproportionate burden of the national requirement for financial readjustment.³⁹ Financial reporting for many organisations in the sector has not been fully regulated in the past, and as a result of recent exposures of unusually high salaries for executives in a small number of charities, a Charities Regulation Act has been signed into law. Regulation in respect of quality of care, has also been somewhat limited, and a number of media exposes of substandard care and disempowering practices have alerted policy makers to the need for regular inspection and transparent reporting. VORG1 has not been brought into disrepute in relation to either salaries or care standards, but nonetheless has to provide services in the context of a general change in expectation, trust and demand from client families across the country.

8.1 Policy and Procedure

VORG1, as a registered charity and service provider is bound by statutory legislation and regulation. It has a coherent and transparent policy portfolio, numbering 80 documents, addressing human resource procedures, financial regulation and safeguards for staff and service users. Of relevance to the prevention and management of ill treatment, there is a 'Dignity at Work' policy, disciplinary procedures, procedures for grievances, managing investigations and an EAP. These five policies were considered against the checklist for good practice (see Table 8.1). From this it can be seen that the organisation is compliant with statutory regulation, and the relevant policy, in particular the 'Dignity at Work' policy demonstrates a reasonably high level of adherence to good practice.

³⁹ Harvey, D. (2012). *Downsizing the Community Sector. Changes in Employment and Services in the Voluntary and Community Sector in Ireland 20018-2012*. Irish Congress of Trade Unions, Community Sector Committee

Table 8.1: VORG1 Policy

<i>Policy should ...</i>	Dignity at Work	EAP	Grievance Procedure	Managing Investigations	Disciplinary Procedure
Be created in consultation with trade unions and/or employee representatives	✓	Not explicitly stated. Reference is made to EAP Standards and Professional Guidelines (2003)	? ⁴⁰	?	?
Employ simple, direct, unambiguous language and is as short as possible	22 pages long	✓	✓	35 pages long	✓
Be 'owned' by responsible person (e.g. signed or person with responsibility for the policy named)	It is indicated who wrote the policy, who reviews it and who approves it. It is not stated if the policy is owned by any person or unit	It is indicated who wrote the policy, who reviews it and who approves it. It is not stated if the policy is owned by any person or unit	It is indicated who wrote the policy, who reviews it and who approves it but is not clearly owned by any one person or unit	It is indicated who wrote the policy, who reviews it and who approves it but is not clearly owned by any one person or unit	It is indicated who wrote the policy, who reviews it and who approves it but is not clearly owned by any one person or unit
Contain a declaration of commitment to prevention of harm due to bullying and related ill treatment	✓	✗	✗	Employer responsibilities are outlined, however bullying and related ill treatment are not directly cited	✗
Contain a declaration of understanding and/or commitment to the right to being treated with dignity at work	✓	✗	✗	✓	✗
Contain a declaration of non-tolerance of bullying by all the following parties: employees, clients, customers or sub-contractors	✓	✗	✗	✗	✗
Contain a declaration of non-tolerance of bullying by all the following parties: employees, clients, customers or sub-contractors	✓	✗	✗	✗	✗
Policy linked to or referenced within the Safety Statement and links explained with other relevant policies (e.g. Code of Conduct	✗	✗	✗	✗	✗
Outline relative responsibilities: - Employer responsibility for protection from harm - Responsibility of all employees to be civil and courteous in their daily work - Responsibility of trade unions to participate in implementation of practices and procedures, and through providing advice and information to members	✓	Bullying not referred to directly Responsibility of the organisation, managers, employee and family members are outlined in relation to the EAP process Role of trade unions are not referred to in policy. Responsibility of EAP provider is outlined	Responsibility of the organisation and supervisors indicated within the policy in relation to grievances Bullying is not directly referenced Role of trade unions not outlined in policy	Responsibility of the organisation, managers, investigation team and employees outlined Role of trade unions not outlined in policy	Responsibility of the organisation, supervisors, and employees indicated within the policy in relation to disciplinary matters Bullying is not directly referenced Role of trade unions not outlined in policy
Describes what is meant by Bullying, including a non-exhaustive list of examples	✓	✗	✗	✗	No, examples of gross misconduct are listed which includes bullying

⁴⁰ Not stated

<i>Policy should ...</i>	Dignity at Work	EAP	Grievance Procedure	Managing Investigations	Disciplinary Procedure
Set out complaints procedure, compliant with national code of practice, including the informal and formal procedures (if both), rights to representation, a commitment to following through to resolution Complaints procedure should be clear, easy to follow, includes flowcharts, forms or templates that facilitate staff and prompt key information	✓	✓	✓	✓	✓
Give timeframes for the stages of procedure, as a service-level agreement (e.g. investigation within X of receiving complaint)	It is stated that every effort will be made to expedite process as speedily and confidentially as possible. Some timeframes given within formal procedure outline, and statement about further timeframes given once investigator appointed	Only indicated for discipline-related matters	✓	✓	Yes, states that at all stages, disciplinary proceedings will be completed as quickly as is compatible with the need to ensure justice is done and seen to be done
Make explicit the respect of confidentiality	✓	✓	✗	✓	✓
List the outcomes for complaints, including if the complaint is deemed vexatious	✓	✗	✗	✓	✗
Extend to work off site and work-related social events	✗	✗	✗	✗	✗
Contain a declaration of the commitment to the protection of complainants from victimisation	✓	✗	Not relevant to policy	Not explicitly stated. Reference to protected disclosures of information in the workplace	Not relevant to policy
Beyond Policy...					
Systematic data monitoring (absence data, exit data, regular engagement and health surveys, which ask about bullying behaviours, training offer, attendance and evaluation data)	✗	✗	✗	✗	✗
Making sure Bullying is asked about in exit interviews	✗	✗	✗	✗	✗
Having a process for re-building workplace relations	✗	✗	✗	✗	✗

8.2 Interviews

Interviews set out to explore how the term ‘ill treatment’ was understood and what kind of conversations followed the use of this term. In the analysis attention was directed toward what workers’ experiences were in relation to implementation issues, the management of ill treatment and whether new and improved solutions or ideas for the organisation would be identified. Three open calls were made to invite staff to meet a researcher for interview, at least 20% of which would be with management.

Seven staff in total came forward and participated in interviews. Four were members of management (MM). Three interviewees were service providers (SP). Two interviewees were male. All were permanently employed. The average interview length was 40 minutes (see Table 8.2). All interviewees were provided with pseudonyms to ensure confidentiality and for ease of analysis.

Table 8.2: VORG1 Interview Participants

Interview number	Gender	Role/level	Pseudonym	Years with ORG	Duration of Interview
1	F	Service Provider	Vera	18	33 mins
2	M	Service Provider	Victor	23	34 mins
3	F	Management	Veronica	30	38 mins
4	F	Management	Valerie	30	35 mins
5	F	Service Provider	Vanessa	15	47 mins
6	M	Management	Vincent	30	53 mins
7	F	Management	Violet	1	39 mins

The overall thrust of the interview data was that the organisation has a commitment to protecting employees from ill treatment and no flagrant examples of serious ill treatment, for example, intimidation or predatory bullying, were described or alluded to. However, there were issues in relation to working relationships and protection of staff. Ideas regarding addressing problems are presented in the three themes that emerged in the data analysis as discussed below.

‘Reluctance to manage, reluctance to report’

A strong theme throughout the data set was how ill treatment revolved around management difficulties: managers not managing well and staff being resistant to being managed. While there were some references to difficult conversations taking place, there were also many references to issues that were not dealt with adequately or at all. Additionally, there were references to staff being reluctant to take ill-treatment issues forward despite policy coverage.

Most of the examples of ill treatment given by the interviewees, either as a result of direct experience or as witnessed, revolved around the management of staff. Managers whom were poorly suited to the task of management and who failed to effectively manage staff, or managers who were disregarding of organisational policy and practice were deemed to be mistreating staff. Both lack of competence and the abuse of power were behind these examples of ill treatment. Reference was made to managers putting pressure on staff in ways that implied a misuse of power, although the word power was rarely used in the interviews. Victor was the only participant to make an explicit reference to power, although in a qualified manner:

I had something planned for an external event ... and a manager rang me and said I'd complicated everything, in my preparation, but I actually hadn't, it was a matter of yes and no, it was nothing complicated about it. But, I know it has affected me in the last few years with the same individual, since I started in the organisation. It's nearly a power thing. I'm nearly afraid to step outside the box (laughs) hoping I don't upset him, because he has too much of the power, if you know what I mean? (Victor, SP)

Failure to manage conflict between staff, rudeness, not listening and not taking others' opinions on board were also recounted in the data, and interpreted as a weakness on the part of managers to deal professionally with difficult situations. It was acknowledged that people can lack insight into their own behaviour and it is a manager's job to *'have a conversation'* with them about this. It was noted that often these issues were not surfaced, and conversations were avoided. This was described as *'rumblings of discontent'* which never become formal complaints.

I think they hide from the difficult situations. I think they just sort of, just step back a little bit, someone else's problem... if, if we leave it long enough, it'll go away... sort of thing, but it doesn't (Vanessa, SP)

'...it's, it's, it's kind of, the people haven't been managed, in terms of, so their behaviour has probably escalated and they're kind of management issues that if they had been nipped in the bud ... (Veronica, MM)

It was considered that ill treatment would be better addressed within the organisation by improved management technique, and not just leaving things to fester or to be ignored. It was also identified that there are staff who refused to be managed, whom were described as having '*strong personalities*' and it was suggested that this could be staff whom have been in the organisation a long time and were reluctant to change their behaviour for newer staff in management positions. The potential also for new service providers to be isolated and unsupported in these situations was acknowledged.

I do find that people aren't being managed because they've got a very, strong personality. I other words they would, I don't know, they would shout, 'union' straight away or they'd shout 'bullying' straight away or the, so therefore then it's nearly like they're not being managed then, they're just sort of left a little bit, and not pulled to task on, on things, I find that as well..., managers having the, the strength or the, I don't know the better word but the balls to sort of, manage people. (Vanessa, SP)

Veronica places reluctance to manage in the context of small staff teams where people can be very reluctant to raise issues. Many of the outcomes of ill treatment identified by interviewees referred to moving staff around the organisation, which reinforces the notion that there is reluctance to manage difficult situations. Management style was described as not being innovative, avoidance of dealing with conflict being due to lack of innovation or imagination:

...because traditionally maybe a lot of managers have come up through the system, so they're now managing people that they started off the same day working with...and have built a relationship with some...it's very difficult to manage, somebody you have a relationship with like... (Vanessa, SP)

Do you know what, I think it's lack of innovation, maybe we haven't moved on. We have people, maybe managing it... and maybe they've been managing too long in the one area and if the organisation has got too big for that sort of management style... it was fine having a laissez faire style to management when you had only a couple of hundred people working in the organisation, but when you have a good few hundred people working... you know, you can't keep managing the way you managed twenty years ago... or the way you were trained...they're still managing on the base of, being there for so long... (Victor, SP)

The reluctance to have difficult conversations also occurred in the context of sick leave, and how to address workability situations.

So, and then again it's about the management structure about somebody sitting in with the person and actually having an honest and straightforward conversation instead of leaving it 100% up to the person to decide are you going to come into work or not... (Vanessa, SP)

Valerie recounted a situation in which the organisation let a staff member go due to inability to work, which while not seen as an example of ill treatment in itself, became a manifestation of ill treatment because '*we had ignored the problem for too long*'.

But not only were managers reluctant to report and confront ill treatment, staff were also unwilling to expose negative behaviours and experiences as recommended in the policies. There were a number of references in the data set to people being fearful of reporting ill treatment, as it was anticipated that the situation would only worsen. Although fear was not generally prominent in the data, when it was mentioned, it was in the context of reporting a superior and was mentioned principally by service providers:

If you complain about a senior, they might rattle your wagon at a senior level and you'd be, it isn't worth your while! ...you'd find that staff would never report it again because, look, it would nearly turn full circle on them... (Victor, SP)

We have had training events around dignity at work and things...where staff have been very candid and said they wouldn't report anything because it comes back to them, if they do. (Vera, SP)

Fear of saying the wrong thing to the wrong person at the wrong time. (Victor, SP)

Veronica, as a member of management, also observed 'the fear factor that people have' in reporting ill treatment.

'Over policed yet under protected'

It was agreed by all interviewees that policy was plentiful. Policy was seen to be broadly speaking, accessible, there to provide necessary safeguards, and described as having been devised in partnership with trade unions. However, the comments about policy were not wholly positive. Accessibility was described by Vincent in the following way: 'it's all online... you know, there's no, there's nothing hidden ... all of the policies are out there, anybody can read them' and by Vera as readily accessible as it was all 'on the internet'. The sense is given here that the onus is on staff to find policy and read it perhaps retroactively, when situations occur. This was reinforced by Victor's comment:

...you know, a lot of people would say that, oh, they quoted the policy to me when I went in, yet, no one had mentioned it before I went in...or maybe when I made the mistake. The policy is taken out then, to prove a point, and you might be then, jeez, is that, is that in the policy? I never knew it, do you know? (laughs).

A key difficulty with policy was that it does not address all the issues that staff confront, and the quantity of policy may mask this. Valerie points out 'Now we've three massive folders of procedures... we're, we're a bit heavy on procedures, yeah' while Victor refers to 'policies within policies', and acerbically comments that 'staff are nearly burnt out reading policies'. He also uses the term 'over policed'. Victor uses this term to refer to the use of policies in situations where they do more harm than good, for example:

...it, it's hard to quantify in a people organisation, where we're dealing with people...do you know, some, some of the issues that I hear staff on about are, are, disciplinary issues or, someone has made a complaint... it mightn't be, but, it might be just the way they talked about someone, but they mightn't have meant anything in it... and then they have to prove their innocence. So that's quite hard for staff in our business because all it takes is someone to say, oh I didn't like the way Mary talked to John ... that could be an investigatory procedure. Next thing you could be suspended during that investigatory procedure...you're suspended to protect you as a staff right? But it doesn't, everybody in the organisation knows you're off... (laughs)...do you know, and they, like they, they have maybe confidentiality, even though it's there to a certain degree, it isn't because, I know the staff that are off, everybody else knows, you know, so... (Victor, SP)

Yet all staff under investigation may not be suspended, as identified by Veronica. She raises the issue of tension in working with staff while investigations were on-going:

...processes are long and drawn out as well. You know? And then, am I expected to work beside this person, so if I have raised a concern about them or if I have to have a conversation with them and I have to come back out and work with them straight away, you're in very close proximity, and you rely on your colleagues very much, particularly if you're working with challenging behaviour, that they have your back. So, so, you know having a tense atmosphere.

Although contrasting with Victor's account, it echoes concerns here regarding the application of policy to situations which are not straightforward, and involving perceptions and interpretations which impinge on on-

going relationships between staff members. Veronica also expresses concern about difficulties such as occur in disputes, where both parties inevitably see themselves to be right, and therefore someone feels 'wronged' following intervention, whatever the outcome. The implementation of policies may fail to protect because they fail to acknowledge the complexity of human interpersonal behaviour and how it operates in the context of a hierarchical power based organisation.

I would say people are never 100% satisfied unless they get exactly what they want. So you've two parties in an issue... and you're not going to have both parties satisfied ...somebody will feel hard done by, somebody will feel upset... (Veronica, MM)

There was one clear gap in policy coverage, highlighted in several interviews:

But we have nothing in place to protect staff that are..., if there's an allegation made about employees from parents or families, we have nothing there. We have loads of stuff to protect the organisation... and loads of stuff to protect the service user but we've nothing to protect us as a staff. (Victor, SP)

A number of interviewees recounted incidents in which staff were shouted at or abused by family members. While Vera claims it is taken with 'a pinch of salt', she also describes the incidents in quite graphic terms:

We've had, we've had a number of incidents with quite abusive families...that may have been quite verbally abusive... and slanderous nearly...to a number of staff, and there is no comeback for that...one, who just made totally off the wall remarks, and it was, it was just absolutely...it was, bonkers kinda stuff, but I mean, you can take it in your stride sometimes... (Vera, SP)

Vera also acknowledges that even though staff can try to take the behaviour of individuals in their stride, this kind of abuse may have a negative impact on how staff are perceived in the community, and there is no protection from damage to reputation. Both Valerie and Violet recount the stress involved in such incidents:

No matter what we do it's just not there and the family are complaining to every avenue there is, because what they want isn't something that the government would stand over, ... everything is wrong all the time and it's just very difficult to work with...because you can't, am, they absolutely want the right thing for their person but am, it just gets so wound up and not working with you. So it's all that build up...that's, that you feel, oh my god you're so stressed by it so...Well you'd feel vulnerable...yeah, you'd feel quite vulnerable. (Valerie, MM)

When I was having contact with the mother, she was getting really frustrated..., how she came across to me, you know, quite often she'd be shouting, have a raised voice...she would be, picking, you know, everyone, everyone can have, you know, everyone's going to criticise things... and there's always going to be issues. But you know, really, really, picking at very small things... and then shouting about those issues. And, when I say shouting like, I mean like, there would be a raised voice and, you know a really raised voice and she would maybe have her hands in the air, you know... she was really really angry about this and she was shouting at me about it ...at one point I was kind of, kneeling down just to, to pick up ...and she was kind of leaning over me and shouting (laughs)... and I actually, I actually thought she was going to hit me, that's how angry she was. Am, I was actually, really thought she was going to hit me...am, but that was probably the, the worst of that situation really. (Violet, MM)

The response from senior management when Violet raised this issue was to:

... (give) me a few pointers but I felt that their pointers it was quite, quite kind of hard to follow cause they would say look, if she gets, if she gets like that just say I'm not you know, we can't speak when it's like, when you're, when your agitated ...so they basically told me to leave if she was getting like that, which I actually found quite, quite difficult to do.'

'Return to core values to move forward'

The need to acknowledge staff and their work was raised at times in the interviews. Victor felt for example that:

We need to do an awful lot more, bridge building with staff and good values that come into work and, acknowledge it, some people that are in my work for twenty or thirty years and they've no qualification at all, and yet, they're probably the best workers we have, and we don't acknowledge that good enough...

He goes on to comment on the need to reaffirm core values:

People should be valued first... you know, ah and work from there. Now I know it's hard, the structure where you have people coming a lot and people are making accusations and stuff like that... but if there's a trust, do you know, our head office is, it's supposed to be a community based thing, but you need a security pass to get into it, you know... so it's like, like the principal's office you know... We need to move away from that.

Relatedly, improved relationship building and support were seen to be important in the context of addressing ill treatment:

I don't think there's enough of time spent on building relationships... really, within the organisation (Vanessa, SP),

You get more out of people, you know if they feel, in their time of need you're going to support them (Vincent, MM)

The need for a culture shift around managerial responsibility was identified by two of the managers and that this could be achieved through training. Openness and transparency around reporting unacceptable behaviour was discussed, and placed in the context of respect. Veronica sums this up as follows:

You know, the hammering home the respect and the focus on the welfare of your employees... ... right?so looking at, you know, what is acceptable in an organisation and that being very open and very, you know, clear and understanding that if something is reported or is, is observed, that it's dealt with and not just left there.... And sometimes, like I say to people, you're not going to like everybody you work with. But you've got to respect their role and work through that, OK, you don't have to be their best friend and you don't have to work with them out, I'm not asking you to go to the pub with them, I'm not asking you to be their best friend. But I am asking that you would conduct yourself professionally in the workplace, and make sure that your behaviour is not going to impact any of your colleagues or our service users that are around you.

9 Case Study 2: PBS2

PBS2 is a public service organisation that provides local government, administration and a range of services. It consists of elected members and paid staff numbering 1,200, whom work across 5 functions or divisions. The organisation consists of one CEO who, with a management team of ten, is expected to implement policy as laid down by locally elected representatives. PBS2 is one of 31 such organisations, at the time of writing. The CEO and the management team operate under the supervision of elected members, and are answerable to the elected members. A wide range of professional, technical and administrative staff are employed by PBS2, including indoor and outdoor workers.

9.1 Policy and Procedure

PBS2 is bound by statutory legislation and regulations. With regard to the prevention and management of ill treatment, there is a 'Dignity at Work' policy, disciplinary procedure, procedure for grievances, code of conduct, procedure for management of work-related stress and an EAP. These seven policies were considered against the checklist for good practice (see Table 9.1).

Table 9.1: PBS2 Policy

<i>Policy should ...</i>	Dignity at Work	EAP	Grievance Procedure	Code of Conduct	Management of Work-related Stress	Disciplinary Procedure
Be created in consultation with trade unions and/or employee representatives	×	? ⁴¹	?	×	?	?
Employ simple, direct, unambiguous language and is as short as possible	✓	✓	✓	20 pages long	✓	14 pages long
Be 'owned' by responsible person (e.g. signed or person with responsibility for the policy named)	×	×	×	×	Responsibility for the provision of the policy is attributed to the Health and Safety Technical Working Group	×
Contain a declaration of commitment to prevention of harm due to bullying and related ill treatment	✓	×	×	×	No, but bullying is identified as a stressor	×
Contain a declaration of understanding and/or commitment to the right to being treated with dignity at work	✓	×	×	×	×	×
Contain a declaration of non-tolerance of bullying by all the following parties: employees, clients, customers or sub-contractors	✓	×	×	×	No, however bullying and harassment identified as key hazards associated with work-related stress	No, however physical violence, serious sexual harassment and bullying identified as examples of gross misconduct
Policy linked to or referenced within the Safety Statement and links explained with other relevant policies (e.g. Code of Conduct)	Linked to disciplinary procedure	×	Linked to disciplinary procedure	Linked with legislation and other codes of practice	Linked with legislation, codes of practice, standards and guidance documents	×
Outline relative responsibilities: - Employer responsibility for protection from harm - Responsibility of all employees to be civil and courteous in their daily work - Responsibility of trade unions to participate in implementation of practices and procedures, and through providing advice and information to members	✓	Bullying not referred to directly	Responsibility of management and staff for maintaining working relationships is mentioned	Responsibility of management and staff for maintaining working relationships is mentioned	Responsibility of Directors, Line Managers, Supervisors and employees clearly outlined	Responsibility of the organisation, supervisors, and employees are indicated within the policy in relation to disciplinary matters
Describes what is meant by Bullying, including a non-exhaustive list of examples	✓	×	×	×	×	No, examples of gross misconduct listed which includes bullying

⁴¹ Not stated

<i>Policy should ...</i>	Dignity at Work	EAP	Grievance Procedure	Code of Conduct	Management of Work-related Stress	Disciplinary Procedure
Set out complaints procedure, compliant with national code of practice, including the informal and formal procedures, rights to representation, a commitment to following through to resolution Complaints procedure should be clear, easy to follow, includes flowcharts, forms or templates that facilitate staff and prompt key information	✓	×	✓	×	×	✓
Give timeframes for the stages of procedure, as a service-level agreement (e.g. investigation within X of receiving complaint)	The policy notes that investigations will be undertaken promptly	×	✓	×	×	Only clearly stated in Section 8: Appeals
Make explicit the respect of confidentiality	✓	✓	×	×	×	×
List the outcomes for complaints, including if the complaint is deemed vexatious	✓	×	×	×	×	×
Extend to work off site and work-related social events	×	×	×	✓	×	×
Contain a declaration of the commitment to the protection of complainants from victimisation	✓	×	×	×	×	×
<i>Beyond Policy...</i>						
Training for managers and supervisors that includes discussion of policy implementation	×	×	×	×	✓	×
Review and update of policies and procedures	×	×	×	×	✓	×
Systematic data monitoring (absence data, exit data, regular engagement and health surveys, which ask about bullying behaviours, training offer, attendance and evaluation data)	×	×	×	×	×	×
Making sure Bullying is asked about in exit interviews	×	×	×	×	×	×
Having a process for re-building workplace relations	Not directly addressed, but states people may be transferred after an investigation, if deemed necessary	×	×	×	×	×

9.2 Interviews

Eleven interviews were undertaken in PBS2, following three calls to participate. Four were with members of management (three of which were HR), four were Professional/Technical staff and three were in Administration. Five interviewees were women. One participant was a union representative. All were permanent staff. Interview duration ranged from 20 minutes to 41 minutes (See Table 9.2). Pseudonyms are employed for ease of presentation, with role in the organisation⁴².

⁴²

MM=Management
PT=Professional or Technical
AC=Administration/Clerical

Table 9.2: PBS2 Interview Participants

Interview number	Gender	Level/role	Pseudonym	Years with organisation ⁴³	Duration of Interview
1	F	Administration/Clerical	Pamela	-	41 mins
2	M	Professional/Technical	Paddy	8	29 mins
3	M	Professional/Technical	Paul	23	39 mins
4	M	Professional/Technical	Philip	16	40 mins
5	F	Administration/Clerical	Peggy	10	34 mins
6	M	Professional/Technical	Pete	35	33 mins
7	F	Administration/Clerical	Priscilla	8	20 mins
8	M	Management	Pearse	-	34 mins
9	F	Management	Patsy	30	30 mins
10	M	Management	Phelim	20	39 mins
11	F	Management	Penny	-	34 mins

All eleven participants had no difficulty describing ill treatment in the workplace. Interpersonal ill treatment such as verbal abuse, being aggressive vocally, rudeness, for example hanging up the phone on callers and shouting in emails, were all catalogued. Physical violence and intimidation was acknowledged as ill treatment, with some participants witnessing such behaviours. Direct predatory bullying was also mentioned, interpreted as an abuse of positions of authority. Participants also recognised work-related ill treatment, for example being passed over for promotion, not having a job description, not being given tasks appropriate to skills, undermining peers, unreasonable supervision, and withholding information. With one exception, all participants perceived ill treatment to be very prevalent, even normalised, in PBS2.

Three themes were developed from interaction with the data, and are described below.

‘Culture: Demi-Gods and spinning tops’

All participants either explicitly mentioned or alluded to the culture in the organisation when talking about ill treatment. The culture of the organisation was seen to be an important determinant of the practice regarding exposure to both bullying and incivility and how it is responded to. An autocratic culture of conformity and obedience was observed, seen to be out dated and punitive. It is described by Priscilla in the following way:

... it's sort of a very antiquated way of managing structure. And it's very ... like I do think they have an awful lot of power ... I do think that there is a very kind of old-fashioned way of thinking that you are talked down to and it's very hierarchical. And if you are in a position of management, you are seen as a demi-god almost and that you can do what you want basically. (Priscilla, AC)

The culture of the organisation was not generally described in positive terms, although there were references to a change in management and a welcome change in culture. Culture was seen to be fundamental in explaining how and why ill treatment was a problem in the organisation. The autocratic culture included inaction, bystander non-intervention and unaccountability and was seen to be dysfunctional, insofar as it was driven by obedience and conformity rather than function and utility. Penny, a relatively new member of the management team, describes it as an adolescent culture, characterised by personally directed negative behaviour and a high level of mistrust.

Participants described how situations that involved bullying or incivility were not reported and ‘put up with’, or left for too long. Many references were made to matters not addressed at all, or not addressed in any visible or acceptable way from the perspective of these participants. Penny claims that the procedures may be ok but her

⁴³ Years with organisation omitted from table due to either issues with recording or risk of identifying participant

concern is *'that we only invoke them at the last point'*. Paddy for example commented on the tendency toward inaction and the potential to damage to the target:

It's more not ... it's not overt, it's all covert and ...it's inaction. So by the very fact that you're not acting means you are ... you're ... somebody is being harmed by the whole inaction. Inability to get things done and there's no sense of proactive 'let's get in there and sort this out before it becomes ...', there's none of that. They wait until it gets so extreme. (Paddy, PT)

Others interpreted the perceived tendency on the part of HR to blame the target when bringing matters to their attention as evidence of avoidance; in other words a reluctance to name and hold accountable alleged bullies:

So they don't want to deal with the issue. They don't want to take on sort of a bully or trying to deal with that. So they will just ... they will basically make the employee feel that they are at fault rather than the actual person who really is at fault. (Peggy, AC)

And I think HR are in a difficult position as well, because they have to, you know, they don't want to deal with issues either. And, you know, there is also a mentality there where you're lucky to have a job and you just keep shtum. There's a mentality across the board that very often it's the person is the problem. That really, you're just overreacting and, you know, your view of it is wrong, it's ... you're making it into a bigger deal than it is. Even HR wants you to dumb it down as well. (Pamela, AC)

This was reinforced in the management interviews, with one HR manager for example saying:

...and I'd be saying 'But what do you want? And if you want this to stop you have to take ownership of it' and I think ... that's one of the biggest challenges because people come to HR and they'd say 'I'm being bullied by my line manager, I want it to stop and I want you to do something about it' and there can be a misunderstanding there of what our role is and what their responsibility is. (Patsy, MM)

Another member of management pointed out that there are two sides to every incident, although conceded that the person who is feeling it (the target) is usually more likely to suffer in silence. Philip, while acknowledging the culture of inaction, also acknowledged welcome change in this respect, and the importance of leadership from the top in relation to culture and cultural change:

So therefore if there is an incident and if you ask for it to be investigated you are completely ignored. That's why I say (new manager) is the most important person I have ever met ...the first person in X years to turn around and say 'I'll look after this, I will investigate it' (Philip, PT)

The reluctance of others to intervene was symptomatic of the autocratic culture. Pamela reports an incident that lasted 40 minutes in which a colleague shouted at her, in the hearing of at least nine others. She recalls that some people left the office, rather than listen, and those that stayed did not intervene. She interprets this as people not knowing what the procedures are when 'senior' people behave in a negative way. However, a less benign view is taken by other participants, who perceive this as an unspoken understanding that senior management are untouchable. This comes up in Paddy's interview, in which he recounts an incident in which a senior staff member was found to have been guilty of ill treating another staff member, but the more junior member was moved and the senior manager was not:

...they moved the altar boy not the priest as it were. So the man was transferred out and the guy was left there That's the way it was, it was ... because this guy was at a higher level, the guy that was doing the abuse and was doing and found guilty to be doing it, he was left as is because it was management standing up for management... (Paddy, PT)

There was a widespread view across the data, including members of management interviewed, that the reason for non or minimal intervention is that bullying is not taken seriously by the organisation. Pamela's experience included being told that matter was 'dealt with' after a short conversation in which she could see her seniors laughing. In this respect the organisation was seen to have no moral compass, and no willingness to take seriously negative behaviours, especially when enacted by senior staff. Peggy describes the 'promotion' of the Dignity at work policy as a joke:

They have this Dignity at Work Policy and they have a poster up on the wall but I mean a lot of us kind of think that's a bit of a joke because they clearly weren't taking it seriously, particularly with that individual that was there, you know it was kind of well-known about the bullying. A lot of people felt you know that wasn't ... basically they don't take them seriously. They do things because they have to do or by legally or they've signed up to something. Oh yeah but in reality they don't, I don't think they take them seriously at all. (Peggy, AC)

Both Penny and Paul describe aggressive interactions as normalised, meetings where managers are apparently not reprimanded for shouting at one another or behaving in an intimidating manner, and a general acceptance of undermining and critical behaviours, that are inconsistent with policy:

But the problem is that you have a lot of behaviour in between where people ... an organisation sees it as okay. So it's okay to actively undermine somebody else's work. It's okay to speak very negatively about kind of let's say the Chief Executive/senior management, openly speaking negatively about them on an almost personal level. You know I mean kind of ... and yet you kind of go but that's not in keeping with dignity at work. (Penny, MM)

The unaccountability in management was described by Paddy as part of a larger dysfunctionality. In this way bullying problems were not 'just' a problematic strand within a relatively benign administration but embedded in the very fabric of the organisation. The organisation was seen to be inwardly focused and obsessed with power and rank, making ill treatment inevitable, as the organisation exists to serve the interests of a powerful few at the expense of many. A subculture was described in 'that says you don't do it because you're going to scupper your chances of any form of ... because you're rocking the boat, that's the whole thing. You're not going to do that; you're not going to rock the boat' according to Paddy. He goes to expand to the nature of dysfunction in the organisation:

...so I would describe most of the situation that goes on there as like a spinning top. They keep themselves going around and it all kind of works in some sort of dysfunctional fashion, it keeps going around, it's wobbling, it's wobbling, it doesn't achieve anything, performance to the public doesn't improve, it just works for itself. It just exists for itself, that's what happens.

... you're only concerned about keeping in with those above because your chances are it's all about promotion...it's all about promotion. What will get you promoted? There's a lot of people that, like if they can reach a certain grade by the time they retire or whatever or within 10 years of retirement they're sorted but there's a lot of people then that are below the line that aren't sorted and those people are always looking to get up to a level... Once you're at that level, you're sorted, you have a good pension and that's all people are interested in...The issue is getting yourself into a position where you're comfortable and then you know you're going to retire well. That's all it is. (Paddy, PT)

This is summed up as a culture where power and status take precedence over function and utility. While Paddy was particularly vocal on the topic of culture, he was not alone in viewing the inward focus of the organisation as deeply problematic. For Philip it is an organisation with neither 'moral courage' nor 'moral compass', while Pete sums up life in PBS2: 'You have to kind of do what you are told and keep under the thumb. Don't ask any questions even if you know it's wrong'.

I'm still trying to understand it. I think partly it's the culture of the organisation. It has a very strange culture, this organisation, it is a very contradictory culture, so on the one hand there is a lot of written rules and on the other

hand when it's not ... like there's no implementation of them almost. So that we're highly regulated but no implementation, you kind of go so it's a pretence at regulation. (Penny, MM)

'The skilled manager having the skilled conversation'

A second theme emerging from the data was the need for early and proactive intervention. This came up predominately, but not exclusively, in the interviews with members of management. Participants recognised the need to address matters very early in the process and were strongly supportive of the notion that training for managers is needed in dealing effectively with ill treatment. Phelim sums up this idea, stating:

I'm a big supporter of dignity at work but the more I'm in this job the more I realise the solution to all these things is at the base and get down to the core level. If there is rumblings in a workplace, staff supervisors need to be enabled to deal with them, they need to know that there's supports available through their own chain of command, through HR, and if something is going wrong it needs to be fed back quickly and if people are unsure how to deal with it they need to get proper advices. Letting something fester causes significant difficulty later and sometimes when it gets to the stage of being dealt with it there is a lot of bad feeling there and very hard to deal with it. I'm moving back significantly from the investigation type scenario...

He goes on to say:

I'm not naive enough to think we'll nip everything in the bud...If you could deal with something as close to source as possible that is the best chance of a solution and the best chance of fixing it. We had one or two there lately where we have endeavoured to get them back to source and I feel they are under far more control now ... (Phelim, MM)

Phelim also advocated use of the informal process, noting (somewhat in contrast to the professional and administrative staff) that the people listed as informal contacts are approachable, and can offer advice and outline options which can have the effect of diffusing matters without requiring the target to give too much information. Penny too, argued for the use of the informal process:

...it was a very quick incident but that seemed to cause a great deal of upset ... but something we resolved locally with the two people involved. I met with them separately and then (names another staff member from HR here) and I met with them together and they kind of felt that they did both want to resolve it and so they're still in the work area but ...we did (deal with it informally) and we did it relatively quickly I suppose as well. (Penny, MM)

Managers were seen to be key in ensuring appropriate response to ill treatment, including early intervention, something that has been lacking in the organisation but appears to be changing. Pamela, reflecting on why in her opinion ill treatment is commonplace in the organisation, sees lack of management training in this regard as a possible reason. Phelim concurs, clearly identifying the need for training:

It could be because the people who got promoted got promoted at a time where they mightn't have had good management skills. There is very much, you know, I always wonder how do these people get the jobs because they've very poor communication skills. They've (laughs) very little management skills. So I'm like, it's like the Kit Kat ad, it's like, you know, you can't sing, you can't dance, you'll go a long way. What do they have to offer because ...? So, I don't know, was it just being at the right place at the right time, knowing the right people? And a very closed shop. I don't know. I'd love to find out the answer to that. But I don't know if they have the proper management training. (Pamela, AC)

We need to do supervisory development training for staff. We need to do training in I think management in dealing with difficulties in the workplace and we need to enable people. (Phelim, MM)

Penny, too, recognises that there is greater need for management training, but not just training in leading ‘the difficult conversation’. She suggests that training managers can potentially prevent tensions arising in the first place, can focus on supporting staff and creating a positive working environment, where dignity at work is a reality.

‘You can’t unring a rung bell’

The third theme to emerge from the data was the recognition of the fact that ill treatment, in particular predatory bullying, is inherently problematic in the context of workplaces. Accepting that it can take time and courage to raise an issue with HR (informally or formally) about a colleague, that the target may well be in fear of, the procedures then must allow for the alleged perpetrator to respond. For the target, this is a high risk strategy, yet there is no alternative. Although this can happen with both the informal and formal process, the feeling in the interviews that the formal process is qualitatively different, or as Pearse describes it ‘a different sort of ball game altogether’. Patsy outlines this situation:

But also it would be looking and saying if I am going to attempt to resolve this or support you to resolve it this will require me going to your line manager, what is your line manager likely to tell me, right, because ... and again it’s going back to the principles of natural justice and fairness, the line manager, maybe through an informal process or a formal process, if these statements or allegations or judgements are placed at him they have a right to come back and defend their good name as well and we all have that. (Patsy, MM)

Participants could see that there was a tension between the principle of natural justice and the intent underpinning the informal and formal procedures to protect workers from ill treatment. The process is unavoidably adversarial and according to the participants from management ‘there are no winners’. Little however was offered by way of an alternative set of procedures, although Phelim did call for greater awareness that one’s actions can have a negative effect. He does acknowledge that micro politics might intersect with the procedures:

...just because the individual doesn’t perceive it as being adversarial and that they are only defending their corner it causes significant difficulty and sometimes a lot of the problem is the people they are taking advices from are what I would call egging them on and there’s an element of trying to settle the score and get someone else to settle it for you sometimes as well which is a bit of a problem. (Phelim, MM)

Paddy too describes the same scenario as Patsy, but is less sanguine, seeing the difficulties here in relation to balance and equity as a way of adding insult to injury, and acting as deterrent to using the procedures, as staff already feel wronged or ill treated. For Paddy, there is nothing natural or just about this:

They have the whole document on bullying in the workplace and everything is said and everything there and they have the document but low and behold, that document could be used to hit you over the head if you’re a victim because if you’re saying ... suddenly it becomes ‘everybody’s equal here, they have as much right’, the bully or the guy that does the bullying has as much right as you, so you if you, if somebody takes a bullying claim, you are in as much trouble as the person doing the bullying in your opinion. So you don’t even go near it because it can be used against you.

He goes on to point out how the procedures have the effect for double-victimising:

It’s always the victim ...because nobody’s taking action against the person doing the bullying it’s always the victim but if suddenly you’re saying ‘oh I’m being bullied’, if you put your hand up and say ‘bullying’, suddenly you know the bully, the person doing it, is as much ... so everything then stops and you’re then ... you’re even more victimised in one sense because you don’t feel that you’re going to get anywhere because then you see you have to come up with all this evidence. (Paddy, PT)

10 Case Study 3: STH3

The third case study organisation is a statutory health service provider. The organisation is the provider of a comprehensive range of health services for a catchment area of one million people. At the time of writing, 3,800 people are employed by the organisation, including administrative, managerial, professional, technical and operative staff, and services are provided across two sites in the region. The organisation is part of the wider group of acute providers, all of whom are, in turn, part of the national acute health care structure. An executive group council manages the wider group, and the two sites involved in this study are under the direction of one general manager.

Statutory Health Services in Ireland have been in the media limelight frequently in recent years, generally in relation to the very significant proportion of the public purse they receive in yet without transparent links to productivity, and specifically in relation to hospital waiting lists and overcrowding in A&E. As such, they are in a somewhat beleaguered situation, under considerable pressure to do more with less. The sector has seen significant cuts in public funding (€2.7 billion between 2009 and 2015), in the context of an increase in the population (from 4.4m in 2012 to 4.6m in 2016), increased demands for and expectations of services, and significant structural reforms and explicit performance indicators. There has also been a number of high profile incidents relating to the adverse outcomes for patients in the context of hospital reforms/regrouping and service delivery issues.

Health services in Ireland have not been immune to the trends globally in this sector, such as managerialism, performance targets and privatisation. However, health systems are context dependent; even those with similar funding models and in countries with similar patterns of health and illness are perceptibly different. In Ireland, managerialism is certainly evident, with many hospitals being managed by board and directorates, creeping privatisation is a strong feature of the Irish Health Care system with private-for-profit providers in the acute sector now moving in from the margins, and providing a full range of hospital services including A&E. Each of these factors, although seemingly remote, can be seen to impact on how individual staff treat other on a day-to-day basis⁴⁴.

10.1 Policy and Procedure

STH3 is bound by statutory legislation and regulations. With regard to the prevention and management of ill treatment, there is a 'Dignity at Work' policy, Disciplinary Procedure, Procedure for Grievances, Code of Conduct and Trust in Care policy. These policies apply across the entire statutory health sector. These five policies were considered against the checklist for good practice (see Table 10.1).

10.2 Interviews

Eleven interviews were undertaken in STH3, following three calls to participate. Four were with members of management (two of which were HR), six were with Professional staff and one was with an Administrator. Eight interviewees were women. All were permanent staff, having been employed by the organisation from 8 years to 36 years. Interview duration ranged from 21 minutes to 50 minutes. (See Table 10.2). Pseudonyms are employed for ease of presentation, with role in the organisation⁴⁵.

⁴⁴ Carlise, Y. (2011). Complexity Dynamics: Managerialism and Undesirable Emergence in Health Care Organisations. *Journal of Medical Marketing* 11(4), 284-293

⁴⁵
MM=Management
PT=Professional or Technical
AC=Administration/Clerical

Table 10.1: STH3 Policy

<i>Policy should ...</i>	Dignity at Work	Grievance Procedure	Code of Conduct	Disciplinary Procedure	Trust in Care
Be created in consultation with trade unions and/or employee representatives	✓	✓	✗	✓	✓
Employ simple, direct, unambiguous language and is as short as possible	24 pages long including appendices	✓	✓	24 pages long including appendices	30 pages including appendices
Be 'owned' by responsible person (e.g. signed or person with responsibility for the policy named)	✓	✗	✓	✗	✗
Contain a declaration of commitment to prevention of harm due to bullying and related ill treatment	✓	✗	✗	✗	✗
Contain a declaration of understanding and/or commitment to the right to being treated with dignity at work	✓	No, stated purpose to enable employees to raise complaints concerning work-related matters so they can be addressed promptly without disruption to patient/client care	✗	✗	Clients right to be treated with dignity is highlighted
Contain a declaration of non-tolerance of bullying by all the following parties: employees, clients, customers or sub-contractors	✓	✗	No but states that code applies to direct and indirect employees, board members and suppliers	✗	✗
Policy linked to or referenced within the Safety Statement and links explained with other relevant policies (e.g. Code of Conduct)	Linked to disciplinary procedure	✗	Policy linked with legislation and policies on Good Faith Reporting and Fraud	Policy linked with legislation, Disciplinary Procedure, Dignity at Work policy, Trust in Care policy, Code of Standards and Behaviour	Policy linked with legislation, Code of Behaviour, Disciplinary Procedure
Outline relative responsibilities: - Employer responsibility for protection from harm - Responsibility of all employees to be civil and courteous in their daily work - Responsibility of trade unions to participate in implementation of practices and procedures, and through providing advice and information to members	✓	✓	✓	✓	✓
Describes what is meant by Bullying, including a non-exhaustive list of examples	✓	✗	✗	✗	Describes what meant by abuse, giving some examples
Set out complaints procedure, compliant with national code of practice, including the informal and formal procedures (if both), rights to representation, a commitment to following through to resolution Complaints procedure should be clear, easy to follow, includes flowcharts, forms or templates that facilitate staff and prompt key information	✓	✓	✗	Not complaints procedure but rather procedure for dealing with disciplinary matters	✓
Give timeframes for the stages of procedure, as a service-level agreement (e.g. investigation within X of receiving complaint)	✓	✓	✗	Timeframes given for appeals from employee	No, however stated timeframe should be included in terms of reference of an investigation
Make explicit the respect of confidentiality	✓	✓	Confidentiality discussed in relation to information learnt at work	✓	✓
List the outcomes for complaints, including if the complaint is deemed vexatious	✓	✗	✗	✗	✓
Extend to work off site and work-related social events	✓	✗	✗	✗	✗

Contain a declaration of the commitment to the protection of complainants from victimisation	✓	×	×	×	✓
Beyond Policy...					
Training for managers and supervisors that includes discussion of policy implementation	✓	×	×	✓	×
Review and update of policies and procedures	✓	×	✓	✓	×
Systematic data monitoring (absence data, exit data, regular engagement and health surveys, which ask about bullying behaviours, training offer, attendance and evaluation data)	×	×	×	×	×
Making sure Bullying is asked about in exit interviews	×	×	×	×	×
Having a process for re- building workplace relations	Not directly addressed. States mediation preferred as goal is to restore harmonious working relations.	×	×	×	×

Table 10.2: STH3 Interview Participants⁴⁶

Interview number	Gender	Level/role	Pseudonym	Years with organisation	Duration of Interview in mins
1	F	Professional	Alison	19	21
2	F	Administration/Clerical	Anita	16	47
3	F	Professional	Siobhan	36	22
4	M	Professional	Peter	12	49
5	F	Professional	Saoirse	21	22
6	F	Professional	Laura	11	44
7	F	Management - HR	Emer	23	33
8	F	Management - HR	Marie	8	50
9	F	Management	Helen	23	25
10	M	Management	Tom	22	32
11	M	Professional	Brian	12	-

Participants in these interviews understood ill treatment as both interpersonal aggression and work-related. Interpersonal aggression could be both passive or overtly aggressive and included talking down to people, undermining others, ridiculing people for not knowing something that they could not have known, and excluding people from a social group. Work-related ill treatment included lack of support from management, being thrown in the deep end without adequate training or induction, and not treating staff equally or giving everyone the same opportunities for growth and development. Participants gave varying accounts regarding prevalence and impact. Four themes could be found in the data, and are described below.

Contrasting perspectives, cliques, and the (un)caring organisation

A very diverse picture emerged from STH3, perhaps unsurprisingly, given the diversity within an acute health care setting. Firstly, five people believed ill treatment to be very prevalent, even ‘endemic’, five that it wasn’t prevalent, with one uncertain. The perspectives that ill treatment wasn’t prevalent came mainly, but not exclusively, from management. The competing perspectives were at least partially explained by the perception of

⁴⁶ Two participants requested not to be recorded, and so no quotations are used from these two interviews. A third participant provided a written submission, as it was not possible to schedule a suitable interview time)

what constituted ill treatment. So while some participants saw interpersonal conflict as ill treatment, others did not, although most thought interpersonal conflict was common in STH3. Those who worked in HR acknowledged that there are 'disagreements' between line managers and employees although did not classify this as ill treatment. Also, some work-related ill treatment, while identified as ill treatment, was not thought to occur on any regular basis. Subjectivity regarding ill treatment is well discussed in the literature and the fact that it emerged in these interviews is perhaps a reflection of the size of the organisation and the complexity of it. Acute hospital services have a very wide range of functional units, teams within units, professional groups, and cross-disciplinary teams. One's perception regarding ill treatment, both what it is and how prevalent it is, depends on where a person works in the service, and whom they work with.

Consistently across all interviews, gender, age, social class, disability and sexual orientation were dismissed as reasons for or flashpoints for ill treatment. Equally consistently, the existence of 'cliques' was acknowledged, either in the context of different professional groupings, or within work units. This could be a positive factor, but more often negative:

...People have a group or a clique at work and exclude you from it. That doesn't happen within our team but it certainly can happen... (Peter, PT)

Oh absolutely, without a doubt. And to me always, if you have a group and they are very negative people then you have nowhere to go because you will find that the clique will stay together as a clique because they can't cope with you know ... they can to a certain extent outside of it but there is a clique always you know. (Anita, PT)

So working as part of a team can either contribute significantly to a negative work experience if a person is excluded from a clique, but can also protect a person from the backdrop of a more malign environment. There was a greater level of consistency across the interviews when talking about the wider organisational culture, generally seen to be uncaring and remote. Laura observes for example:

Well I think that that comes back to I think in some environments...they are so much part of a good team so that keeps them. But I think from a (functional units named) kind of setting they don't have that security, they don't have those good relationships ... and there is a huge turnover of staff. But yeah people working on an individual basis or as part of a team they can get what they don't get from the management in that team so they're okay. They kind of ignore management until management annoy them about something or have unrealistic expectations about something and it's then when kind of the earth kind of tends to shake underneath... and that's very tiresome when like all your structures of management are against you. So it does give you an attitude of, excuse my expression but 'I don't give a shit anymore. (Laura, PT)

The particular work of the organisation is relevant insofar as staff have a higher expectation of their management in relation to being a caring or compassionate employer and can therefore be particularly let down when this is not manifest. Laura and Anita are particularly vocal on this point, but Peter and Siobhan too, acknowledge the frustration of the remoteness of management, and the apparent lack of praise, of affirmation or recognition for work done, especially important, and arguably easily given, given the nature of work in the organisation:

Oh that idea of treating your employees as if like complete disregard, no respect, no acknowledgement, no recognition, no reward, like that's how human beings function and take it in a work environment, take it in a life environment, that's how it is and what's ironic to me is these people that should know how the human condition and work in the human behaviour work because that's what they're specialised in. Don't take any of it into consideration like and there's multitudes of studies and research and evidence that show like how to get productivity you know, it benefits them in the long run because they get more productivity out, there are happier staff or a better outcome or better outputs. But yeah, no, so what doesn't work is the stick approach basically as I said like, the condescending ... well not really condescending but yeah... (Laura, PT)

You see there's no trust because the trust is broken time and time again. Nobody trusts anybody and it is just dog eat dog, it's as simple as that, it is dog eat dog. (Anita, AC)

I think what happens is that we don't celebrate the positives enough so ... and the wider organisation in terms of the health service is very defensive because the media is so negative. So there's a lot of negative messages around health, it's all negative even in the local papers it is negative and we probably don't celebrate enough positives. So if you're coming into work every day in a sort of ... thinking that everything we're doing is grand then it can get people down and that I think creates a sort of slightly negative culture where people get fed up a little bit more easily and the more stretched you are then the more difficult it is and it's hard within a team to ... well it can be hard within a team to try and keep that sort of positive element... (Peter, PT)

'It's all about the hierarchy'

Participants saw ill treatment to occur in the context of positional power, and saw this to be unsurprising, even inevitable in the organisation. Participants generally described the organisation as hierarchical, formal, and very traditional in respect of the chain of command. Staff are expected to do what those above them in the hierarchy tell them, and position is more important than respectful treatment:

There's also a professional hierarchy within the organisation so very few people will query the guy at the top of the pyramid you know and it's usually somebody else's fault further down, even if it isn't. (Siobhan, PT)

So that if a consultant eats the head off you you're sort of going 'well I can sort of understand why that happened' and not think it as a big personal attack on you. It's just the way things are ... (Peter)

Oh yeah it's huge, yeah, it's all about the hierarchy. Like it's crazy, as I said it's really ark style, it's really old school like you know.... it's 'Dear Sir and Madam' you know that kind of thing, that you're expected to ... whereas we're all meant to be on the same level at the end of the day, bringing ... like we all have different skills and we're all meant to bringing them equally and respecting each other's skills equally and opinions equally but it doesn't happen that way, it's like 'I'm your boss, you do as I say' kind of thing... (Laura, PT)

Position in the organisation is an indicator of how valued you are as a member of staff and junior and temporary staff are perceived to be less valued. Being temporary can lead to having your opinion disregarded, or being junior means you are not expected to challenge senior staff. The hierarchical structures not only allow those higher up to treat those lower down in way that could be construed as ill treatment, but, according to Tom, also led to senior people speaking in an uncivil manner to those at the same level and being expected to accept this. This reveals a negative culture, in which people are allowed to speak to one another in a disrespectful manner.

Yeah. I think your position in the organisation is relevant because I think within our organisation there's a certain level of acceptance at the higher levels that ill treatment and poor treatment is just par for the course, it's the way business gets done. So if you're a senior manager it's expected that you have to be able to take it, if you can't take it well then what are you doing in the role kind of you know. It's just the way things are where you work. (Tom, MM)

...newer staff coming in and you're trying to train them and make them confident and they are extremely capable when they're first qualified, that can be very undermining and it can... it can shake their confidence and then they don't want to go and work in that area anymore because they had a bad experience last time ... 'don't upset this and don't do this' and so really you're making the situation perpetual by the doing that. (Siobhan, PT)

'The difficulty is we don't implement them well'

Most interviewees were familiar with the policy and procedures dealing with workplace bullying, and considered the policies to be accessible. However, there were clearly implementation issues. Participants spoke of fear: fear of further victimisation or ill treatment, fear of being perceived as a troublemaker, and fear that confidentiality was lacking. People do want to bring the issue to the attention of a manager or HR but then do not wish to risk

exposure. Another concern was that that if a formal issue was raised, while the employee would be listened to, no action would be taken.

When asked, when I asked a member of staff whether they would stand by me when I took this further they declined, they didn't want to. They didn't want to be backing me up. I'd say fear. Fear. Fear for their job and a fear how they were going to be treated once their name was brought into the loop. (Saoirse, PT)

They'll initiate the report. But when it comes to ... so say like the unions will give them direction in what to do, they won't do it because they're too scared. (Laura, PT)

Yeah and if it was to be on their record or if it was to be in a reference afterwards I think people would be concerned about that and then maybe being labelled as a troublemaker or somebody who is ... well you don't want her in your department... (Helen, MM)

Anita similarly talks about lack of trust, and in a general way an unwillingness to 'rock the boat', but also specifically gives an example of a situation where policy was not implemented in order to protect a senior staff member:

...speaking to a friend of mine recently...she told me of an incident in her department where there was a lady who bullied, absolutely outrageously bullied, members of staff. She was kept in that position and she will always be kept in that position because her overall boss is ... (position in organisation given) ... and she's also a manager and ... her boss is looking after her and the people that she's bullying are leaving one by one and they're asking to be transferred. (Anita, AC)

Reasons for poor implementation included the policies being too long, hard to understand, overly legalistic, not presented in a user friendly format, and not training line managers either about the policies or in the skills needed to implement them. One participant maintains she has long advocated 'all of HR documents should be bulleted and bulleted with really clear no-jargon English'. Other participants from HR point to the provision of regular training sessions, but bemoan poor attendance at these. A contrasting view regarding the value training is also expressed. Either way, both participants interpret the deficit in implementation to signal a culture that fails to take ill treatment and its outcomes sufficiently seriously. There is reference to a culture of 'saying nothing and just getting on with it'. In this context policies are window dressing.

So we have very good well defined policies, well worked out and negotiated with all the unions and all the rest of it so everybody knows exactly where they stand. The difficulty is we don't implement them well and the reason we don't is because the people that we expect to implement them, like the front line managers – the people that are maybe managing a ward of 30 staff or managing a small group of staff – they don't know, they're not familiar with the policies, they don't know That's one thing, we don't give them enough of time or training I think to do ...So we don't put enough time and effort into training our managers to be able to deal with them and to recognise what they need to recognise and then to know what to do when they do... and possibly then that indicates the level of priority that we give to it you know within the organisation. If it was really, really important to us well then we would do it, we would give time to it and we would train people in it, yeah. (Tom, MM)

Well, I don't even think it was more training, the levels that I went to should have had good training in these, like they were quite senior managers, they just didn't seem to want to know, to be honest with you. (Saoirse, PT)

Tom perceives some more fundamental problems with policy and practice. He recognises that the manager expected to implement policy is also expected to continue to work with the target and or the perpetrator, a situation unlikely to be tenable in the longer term.

I've rarely ever seen a situation where you are presented with a problem and a member of staff saying that they feel or perceive that they've been poorly treated in various different regards by a particular individual that when

it's all resolved and it has gone through the process I have rarely come across a situation where the person is saying 'Well actually I feel kind of satisfied or vindicated' or whatever. At best you can sometimes get a sense from people well they feel that they were listened to and they were taken seriously but beyond that no. It does seem to have a lasting effect on people. Some people are able to move beyond it and others aren't. I've seen people who carry it with them throughout the rest of their career. In fact, very often it's impossible to restore a working relationship, you know there has to be some fundamental changes, so maybe moving a person out of one location or whatever, yeah. (Tom, MM)

Tom, who is in management, considers on one hand that policy if properly implemented is fair and balanced, and staff should have no fear of it, a view also expressed by another participant from HR. Yet clearly people are in fear of it and Tom concedes:

One thing I know for certain is that I've never ... I don't think I've ever yet come across somebody who came out of a process where they felt that they had been poorly treated, gone through the policy and felt at the end that well that was great, now that's that sorted kind of you know, it's never like that so it isn't. (Tom, MM)

'Well no, that's to be addressed by the line manager'

Finally, a theme emerged around tension between line managers and HR. Confusion about roles and responsibilities were noted, where line managers referring difficulties to HR. Those in HR who participated in the interviews were clear that line managers in fact are responsible for addressing issues locally.

So for some line managers they feel as soon as they have any sort of a line management issue or whatever it be that that's a HR issue, you know so they look to go to HR to get it sorted out, where in actual fact within our organisation and within our policies it's actually their role so it is to manage it with support from HR. And the support from HR at that point is usually around making sure that they understand the policy, that they understand their role and what they're going to do and so on. As you go on a bit further though that role becomes a bit more formalised so if, for example, it's leading to disciplinary action. (Tom, MM)

Members of management do concede that line managers may 'not want to deal with the less pleasant stuff', and it was acknowledged that this places a huge responsibility on line managers, who are expected to prevent problems on the ground and also to address them when they arise.

11 Discussion

The aim of this study was to measure the prevalence of negative acts in a representative sample of Irish employees, and to compare prevalence across various sub groups within the working population employing the same design, measurement instrument and sampling strategy as used in the BWBS. The study also set out to explore the experiences of people within sectors where ill treatment is particularly prevalent, by way of three case studies, to inform meaningful and workable solutions. Educational sessions were held in two regions, to engage practitioners and to explore their concerns.

11.1 Survey Findings: Ill Treatment Prevalence and Patterns

The findings attested to the robust nature of the BWBS instrument. Correlations between the 21 ill treatment items showed the same factorial relationships in both the BWBS and current study, producing the same three factors of ill treatment: unreasonable management, incivility or disrespect and violence or injury. Overlap occurred between these factors, particularly between unreasonable management and incivility or disrespect (25.0%), and 2% of survey participants experienced items in all three categories. Correlations between report of experiencing, witnessing and perpetration demonstrate that those who have experienced ill treatment tend to report witness of it, with medium to strong positive correlations between experiencing and witnessing for all items.

The reported level of ill treatment experienced during the preceding two years, was 43%, breaking down to 36.7% experiencing unreasonable management, 31.3% incivility or disrespect and 2.6% experiencing physical violence or injury. Prevalence is lower than reported in the BWBS⁴⁷ (54% experienced any one negative act, 47% experienced one form of unreasonable management, 40% incivility or disrespect and 6% physical violence or injury), although the contours of experience mirror those found in the BWBS, for example unreasonable management is the factor that has the highest prevalence⁴⁸. It was also the factor that was most likely to be perpetrated: 14% admit to perpetrating unreasonable management, 9.5% incivility or disrespect, 0.5% perpetrating physical violence and 0.5% all three types of ill treatment.

While the rate of experience was lower for all types of ill treatment in the Irish study compared to the BWBS the rates of witness were higher than in the BWBS (48% vs 38% for any one item, 42% vs 28% for unreasonable management, 32% vs 38% incivility) with the exception of violence and injury (5% vs 6%). The pattern in the IWBS is broadly consistent with other studies.

Interestingly, the falloff in confirmatory responses was considerably higher in this study. On average there was a 35% drop in reported experience compared to 13% in the BWBS, which could be the subject of more detailed analysis, along with a comparison of the two data sets on an item-by-item and variable-by-variable basis.

The ill treatment prevalence figures are considerably higher than studies of workplace bullying, given the broader construct of ill treatment, but may also be due to the method employed. Many workplace bullying prevalence studies are undertaken in workplaces or through work-related organisations, while this study employed a general door-to-door survey, which allows participants to answer in a way that avoids constraints that may operate when reporting experiences in the context of their own workplace. The degree of 'ill treatment experienced' is not

⁴⁷ The research team had access to the BWBS dataset. Direct statistical comparisons with the BWBS data were calculated for headline findings only.

⁴⁸ Fevre, R., Lewis, D., Robinson, A. & Jones, T. (2011). *Insight into Ill-treatment in the Workplace: Patterns, Causes and Solutions*. Cardiff: School of Social Sciences, Cardiff University

directly comparable to previous Irish studies, which measured bullying specifically. Although in this respect the prevalence of two negative acts weekly, taken as an indicator of bullying, was 9%, higher than the 2004 finding of 7.9% and the 2007 study of 7%.⁴⁹ Thus implying an increase in negative experience at work, differences in measurement notwithstanding, and is consistent with expectations in the light of the pressures on employees during and in the immediate aftermath of the recession. The finding reinforces a US-based study that reported threatening and intimidatory communication and a culture of fear experienced during the economic crises⁵⁰, although there are surprisingly few studies of the impact of economic events or cycles on workplace ill treatment. The prevalence of two items daily, at 2%, is consistent with other estimates of severe bullying.^{51,52}

The relationship between gender and workplace bullying, as defined in the literature, is not clear, with some studies finding women to be at risk, in terms of self reported experience, and others not. Findings are contradictory and ambiguous.⁵³ While some studies show gender differences that favour men (i.e. men less likely to be bullied), over representation of women as targets of bullying can be due to over representation of women in the sample.⁵⁴ The two previous Irish studies found that women report higher levels of workplace bullying, but in the multivariate analysis, gender was a significant determinant only in the 2001 survey and not in the 2007 survey. Larger scale, representative studies are less likely to report gender differences across the working population. This study adds to the accumulating evidence that in larger scale studies drawing on representative samples, gender differences are less evident. Here, although women reported slightly higher levels of both experiencing and witnessing for most of the items, differences were only significant in relation to experience for four items and witnessing for eight items, and when compared by factor, gender differences were not significant. There were no gender differences in perpetration for any of the factors, although other studies have shown that men are more likely to perpetrate bullying.⁵⁵ The multivariate analysis confirmed that gender was not a predictor of the experience, the witnessing or the perpetration of ill treatment. It should be noted that the study here did not employ a self labelling method, which usually reflects greater gender differences, (for example women are more likely than men to label negative experiences as bullying).⁵⁶

However, this is not to say that ill treatment is not a gendered phenomenon, as suggested by Salin and Hoel. Women were significantly more likely to experience ill treatment at the most severe level (two types of negative acts, at least daily), likely to be the four items experienced at a significantly higher level than men (having views and opinions ignored, being treated in a disrespectful way, intimidating behaviour at work and injury or actual violence at work). The last of these may be due to the higher levels of client violence in female dominated professions, but the higher level of the other three items imply that these behaviours are quite commonly experienced by women in the workplace.

It is likely that ill treatment and gender interact in a much more complex way, given that organisations are gendered and many of the negative acts in the behavioural checklist used here could be examples of the enactment of masculinity. In this respect it is interesting to see that the proportion of women in the organisation (higher) was associated with higher levels of both incivility and violence. Also, it was notable that in looking at the

⁴⁹ *Report of the Task Force on the Prevention of Workplace Bullying*. (2004). Government Publications, Dublin and O'Connell, P. J., Calvert, E. & Watson, D. (2007). *Bullying in the Workplace: Survey Reports, 2007*. Dublin: The Economic and Social Research Institute

⁵⁰ Rouse, R. & Schuttler, R. (2009). *Crisis Communication*. University of Phoenix

⁵¹ Zapf, D., Escartin, J., Einarsen, S., Hoel, H. and Vartia, M. (2011). *Empirical Findings on Prevalence and Risk Groups of Bullying in the Workplace*. In: Einarsen, S., Hoel, H., Zapf, D. & Cooper, CL. (Eds.). *Bullying and Harassment in the Workplace: Developments in Theory, Research and Practice*. London: Taylor and Francis

⁵² Nielsen, M., Notelaers, G., & Einarsen, S. (2011). *Measuring Exposure to Workplace Bullying*. In: Einarsen, S., Hoel, H., Zapf, D. & Cooper, CL. (Eds.). *Bullying and Harassment in the Workplace: Developments in Theory, Research and Practice*. London: Taylor and Francis

⁵³ Salin, D. & Hoel, H. (2013). Workplace Bullying as a Gendered Phenomenon. *Journal of Managerial Psychology*, 28(3) 235-251

⁵⁴ Zapf, D., Escartin, J., Einarsen, S., Hoel, H. & Vartia, M. (2011). *Empirical Findings on Prevalence and Risk Groups of Bullying in the Workplace*. In: Einarsen, S., Hoel, H., Zapf, D. & Cooper, CL. (Eds.). *Bullying and Harassment in the Workplace: Developments in Theory, Research and Practice*. London: Taylor and Francis

⁵⁵ Salin, D. & Hoel, H. (2013). Workplace Bullying as a Gendered Phenomenon, *Journal of Managerial Psychology*, 28(3) 235-251

⁵⁶ *ibid*

patterns of self-reported perpetration across the individual items (Table 4.3.1, p.39), although not significant, there was a lot of variation by gender for admitted perpetration. When respondents had to identify the gender of the perpetrator for an item if they had experienced three or more items, men were generally more likely to be the perpetrators (5.2, p.50). Interestingly, when the gender of the respondent was taken into consideration, where only one gender was named, women are far more likely to say their perpetrators were also women and men that their perpetrators were men (Table 5.3, p.51). This supports findings that the gender of both the target and perpetrator matter in the labelling of ill treatment experiences.⁵⁷

The correlation between being disabled and experiencing ill treatment was the second most prominent feature of bivariate and multivariate analysis in the BWBS. Although the proportion of persons with a disability reporting ill treatment was quite high in the study here (7%), the difference does not achieve significance, perhaps due to the limitations in sample size.

Other demographic factors were broadly consistent with other studies (age, educational level) although the findings regarding ethnicity are of note. Ethnicity was not measured in the previous Irish surveys so the IWBS is the first national study to measure ill treatment with regard to ethnicity. Ethnicity showed a significant association with both the experience of and the witnessing of each of the three ill-treatment factors. Those of black or mixed ethnicity experienced the highest risk for unreasonable management, and also the highest levels of witnessing violence. Asians are more likely to experience incivility and disrespect and also physical violence, are more likely to witness incivility or disrespect and unreasonable management, and most likely to perpetrate unreasonable management. The multivariate analysis shows that the odds of experiencing violence are seven times greater for Asians workers in Ireland than other ethnic groups. An analysis of QNHS data on discrimination in the workplace also found that non-national Irish were twice as likely to report discrimination both in seeking work and in the workplace.⁵⁸ The findings contrast with the BWBS, where white workers were at greater risk. Ireland, now a multicultural society, clearly has challenges in this respect. However, as for gender, the pattern is complex. The follow up of items shows that although a high proportion are of white ethnicity it can be seen that perpetrators of ill treatment who reported to be white were more likely to have targeted those of the same ethnicity. Similarly perpetrators from other ethnicities were more likely to target those of non-white ethnicity.

The experience of both unreasonable management and incivility was greatest in small organisations (10-49 employees), but both were more likely to be witnessed in medium-sized organisations (50-249 employees). Violence was most likely to be experienced and witnessed in large (greater than 250 employees) organisations. This presents a more nuanced picture to the commonly reported finding that bullying is more prevalent in large organisations. The experience of ill treatment was more common in the voluntary and in the public sector in the form of unreasonable management and physical violence and injury, consistent with previous Irish studies, the BWBS and in the literature.^{59,60} The multivariate analysis confirmed this, with violence of particular note, being almost five times more likely to be experienced in the public sector. The only relationship between witnessing ill treatment and sector was for violence in the public sector. However, unreasonable management was also important in the context of sector, being 2.5 times more likely to be found in the public sector. The occupational sectoral effects demonstrated in other studies, were seen here only for the experience of unreasonable management which was most common in health and social services, followed by financial services and construction, and less likely to be experienced in the agricultural sector. Both of the earlier Irish studies found Health and Social services to be well above average in terms of reported bullying. The health and social service

⁵⁷ *ibid*

⁵⁸ Russell, H., Quinn, E., O'Rian, R. & McGinnity, P. (2008). *The Experience of Discrimination in Ireland. Analysis of the QNHS Equality Module*. Dublin: The Equality Authority and the ESRI

⁵⁹ Zapf, D., Escartin, J., Einarsen, S., Hoel, H., Vartia, M. (2011) *Empirical Findings on Prevalence and Risk Groups of Bullying in the Workplace*. In: Einarsen, S., Hoel, H., Zapf, D. & Cooper, C.L. (Eds.). *Bullying and Harassment in the Workplace: Developments in Theory, Research and Practice*. London: Taylor and Francis

⁶⁰ *Report of the Task Force on the Prevention of Workplace Bullying*. (2004), Government Publications, Dublin; O'Connell, P. J., Calvert, E. & Watson, D. (2007). *Bullying in the Workplace: Survey Reports, 2007*. Dublin: The Economic and Social Research Institute

sector also displayed the highest levels of witnessed ill treatment. Witnessing, however, also had significant sectoral associations for violence, with health and social service again having higher levels.

The relationship between working environment and the experience of ill treatment has been of considerable interest to researchers in recent years. Moving away from an earlier focus on personality and individual-level factors as key determinants of workplace bullying, the role of the work environment is now seen to be of much greater significance,⁶¹ and the findings here add to the accumulating evidence that where you work matters more than who you are, in relation to the risk of being ill treated, (and, by extension, how ill treatment can be prevented or reduced).

The current study used the FARE items to explore relationships between work environment and ill treatment. All relationships between these items and both the experience and witnessing of ill treatment, in the forms of unreasonable management and incivility or disrespect were significant. Participants stating that the needs of their organisation always come first were 3.5 times more likely to experience unreasonable management and those who feel their principles are compromised in work are over four times more likely to experience incivility and disrespect. 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 pace of work. Also, experiencing at least two items weekly and at least two daily were associated with each one of the FARE items. The BWBS also found similar relationships with FARE items, providing strong evidence for the importance of the work environment as a determinant of the way in which people are treated in work, and for the robustness of the FARE items. Both studies show clear relationships between negative working conditions and higher level of ill treatment. Interestingly, while significant predictors in both studies, the proportion of respondents who reported that the needs of the organisation come first, that they have to compromise their principles and that people are not treated as individuals, are lower than those reported in the BWBS,⁶² consistent with the lower levels of each factor in the Irish data (39% vs 16%, 30% vs 9%, 20% vs 7.9%).

Experiencing and witnessing violence and injury was associated with only some FARE items: having to compromise your principles, not being treated as an individual, control of work pace and quality standards were associated with direct experience of violence. The weaker relationships with violence are borne out in the multivariate analysis for both experience and witnessing ill treatment. Those who report the pace of their work has increased over the past year are nine times more likely to experience violence. The results are consistent with the BWBS.

National level data on the work positive items have not been reported previously. A similar pattern of relationships was demonstrated between these items and with all ill-treatment factors, although the multivariate analysis showed stronger relationships between the experience of unreasonable management and of incivility and disrespect than violence. Again the degree of relationship between each factor and the reported levels of unreasonable management, incivility and physical violence showed ill treatment was higher where demand was high but lower where the organisation offered individual control, managerial supports, peer support and low role ambiguity. This mirrored the pattern for the FARE items.

11.2 Case Studies: Policy and Practice, Effectiveness and Implementation

The Safety, Health and Welfare at Work Act (2005) is the foundational legislation governing OHS management at work in Ireland. This act is further supplemented by the SHWW General Application Regulations (2007). Although ill treatment and workplace bullying is not specifically addressed by the SHWW Act (2005) or by the General

⁶¹ Salin, D. & Hoel, H. (2011). *Organisational Causes of Workplace Bullying*. In: Einarsen, S., Hoel, H., Zapf, D. & Cooper, CL. (Eds.). *Bullying and Harassment in the Workplace: Developments in Theory, Research and Practice*. London: Taylor and Francis

⁶² Fevre, R., Lewis, D., Robinson, A. & Jones, T. (2013). *Trouble at Work*. London: Bloomsbury Academic

Application Regulations, for the purpose of protecting their employees, employers must consider these issues as a workplace hazard and perform a risk assessment. In line with other workplace hazards, the likelihood of ill treatment including bullying occurring should be assessed and control measures that can be put in place to reduce the risk must be identified. In addition, a quasi-legal arrangement is in place, whereby employers must comply with Codes of Practice (COP) that supplement the statutory instruments. There are three COPs in Ireland pertaining to workplace bullying and negative behaviour, which are: The Code of Practice for Employers and Employees on the Prevention and Resolution of Bullying at Work 2007 (HSA Code), The Code of Practice detailing Procedures for Addressing Bullying in the Workplace (SI 17/2002) and The Code of Practice on Sexual Harassment and Harassment at Work (SI 208/2012) (Equality Authority Code)⁶³. Organisations are advised by the Health and Safety Authority to demonstrate their commitment to the prevention of bullying and harassment in the workplace, by adopting a Dignity at Work Charter.

Three organisations participated in the case study element of the IWBS, and provided copies of their policies in respect of workplace bullying including Dignity at Work, Grievance Procedure, Code of Conduct, Disciplinary Procedure and Trust in Care Policies. In addition, 29 people in total participated in interviews. The interviews conducted in the case studies provided rich data offering a number of important insights into the implementation of policy and the difficulties 'on the ground' often not adequately addressed by policy.

The Importance of Robust Policy

Each organisation has a Dignity at Work policy in addition to supporting policies (for example Disciplinary, Grievance, Code of Conduct). Good practice in respect of policy development⁶⁴ includes: being developed in a consultative manner, owned by a recognisable person or office, clear commitment to preventing ill treatment, outlining relative responsibilities of all parties, the setting out of clear procedures with reasonable timelines and a commitment to protect staff from further victimisation if they enact proceedings. All three organisations, based on an analysis of the written documents, appeared to have met all or most of these criteria, although PBS2 do not appear to have consulted with trade unions or employee representatives in devising their policy. The policies in two cases were due to be updated, one having references to legislation which has since been revised. A number of issues feature in the literature that can be described as going beyond standard requirements: providing training for managers, systematic data collection, the inclusion of a discussion about ill treatment in exit interviews, and having processes for re-building workplace relations. The three organisations performed quite poorly on all of these, although two did refer to mediation, which could be construed as addressing the latter. However, the effectiveness of mediation as a strategy for addressing bullying has been challenged by a number of experts^{65,66} indicating that policy in these organisations is not evidence informed. Despite the apparent adequacy of policy in each of the organisations, the interviews told a different story, in varying degrees of distance from the policy statements.

Policies must be developed and implemented in a way that it 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. Participants in PBS2 for the most part thought the policies were meaningless and did not feel safe using them. They talked about feeling that they would be seen at fault if they raise concerns about ill treatment, and there was a perception that the system favoured the alleged perpetrator. In PBS2, policy was described as a 'joke.'

⁶³ Health and Safety Review (2014). *The HSR A-Z Compendium of OSH Issues: Part 3 – Bullying*
<https://www.healthandsafetyreview.ie/article/5442> Accessed: 19/12/16

⁶⁴ Health and Safety Authority (2007) *Code of Practice for Employers and Employees on the Prevention and Resolution of Bullying at Work*, Dublin: Health and Safety Authority; Rayner, C. & Lewis, D. (2011). *Managing Workplace Bullying: The role of Policies*. In: Einarsen, S., Hoel, H., Zapf, D. & Cooper, CL. (Eds.). *Bullying and Harassment in the Workplace, Developments in Theory, Research and Practice*, London: Taylor and Francis; Woodrow, C. & Guest, D. (2013). When Good HR gets Bad Results: Exploring the Challenge of HR Implementation in the Case of Bullying. *Human Resource Management Journal*, 24(1) 38-56

⁶⁵ Saam, N.J. (2010). Interventions in Workplace Bullying: A Multilevel Approach. *European Journal of Work and Organisational Psychology*, 19(1) 51-75, DOI: 10.1080/13594320802651403

⁶⁶ Ferris, P. (2004). A Preliminary Typology of Organisational Response to Allegations of Workplace Bullying: See No Evil, Hear No Evil, Speak No Evil. *British Journal of Guidance and Counselling*, 32, 389-395

In STH3 fear was an issue: fear of further victimisation, fear of exposure and that the procedures were not fully confidential. Those who participated in VORG1 felt that the sheer volume of policies and procedures were not only unhelpful but could be used against them if an issue arose. Further, policy although plentiful, still did not protect staff against abuse from parents of clients. Concerns were raised about how confidentiality could be maintained, if policy were correctly implemented where it involved an alleged perpetrator being temporarily suspended.

The Importance of the Role of the Manager

Employers expect managers to play a key role tackling bullying,⁶⁷ and participants in all three organisations recognised this. In STH3 it was claimed to be explicit in their policy, and some participants indicated that line managers had to be reminded of this fact, sometimes expecting HR to deal with difficult situations. In this case the role of HR was understood (by interviewees in HR) to direct managers to policy. In all three sets of interviews, however, there was reference to managers either being 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.

In PBS2 it was acknowledged that skill was required for such conversations. In VORG1 it was recognised that small work groups pose a particular challenge as managers can find themselves having to 'manage' their former peers. The importance of clarity of role, 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 is not however fully acknowledged that managers, particularly middle managers, are often in very difficult positions, who while being overtly expected to 'sort' bullying problems are also expected to blind-eye bullying if it is the organisation's interests to do so, a phenomenon described in the literature as bullying as a tool of management control.⁶⁸

The Importance of Culture

While the individual behaviour perspective, that is, difficult personalities, surfaced in some interviews, the importance of culture as a determinant of ill treatment and by extension the organisational response to it, was also recognised. In this way there was some tension in the interviews between the causes of ill treatment being due to awkward personalities or being due to assumptions employers make about staff, and how they can be treated both by each other and through organisational practices. To some extent this reflects the tension in the literature, where both these perspectives have been explored and debated.

Organisational culture has been given a considerable degree of discussion in the literature, both as an explanation for the variation in exposure to ill treatment across sectors and across individual organisations within one sector. For ill treatment to occur to the extent that it does, it must be overlooked or in some way condoned within organisations, and the degree to which this happens must vary across organisations. Leyman,⁶⁹ one of the pioneers exploring workplace bullying, argued forcefully that bullying is caused by the organisational climate, culture and working conditions to the extent that anyone can be a perpetrator or a victim, in the 'wrong' workplace or work environment. The findings of the survey reinforce the notion that the way the organisation treats people is very important and that the organisation plays a key role fostering the right kind of culture, sending clear signals about the appropriateness or otherwise of behaviours and practices. There are relatively few studies in which organisational culture is measured in the context of workplace ill treatment, although where this has occurred results indicate a relationship between particular cultures and the prevalence of bullying, for

⁶⁷ Beale, D. & Hoel, H. (2011). Workplace Bullying and the Employment Relationship: Exploring questions of prevention, control and context. *Work, Employment and Society*, 25(1), 5-18

⁶⁸ *ibid*

⁶⁹ Leyman, H. (1990). *Mobbing and Psychological Terror in Workplaces. Violence and Victims*, 5, 119-126

example hierarchical orientated culture has been shown to be a determinant of workplace bullying.^{70, 71} Many qualitative studies on the other hand that examine the lived experience of ill treatment expose culture as fundamental to understanding why people are bullied and why they are not adequately protected by their organisation.⁷² Culture acts like a lens through which behaviour is refracted. Interviewees in all three organisations recognised the importance of culture in directing the path taken when ill treatment occurs.

Concerns about culture emerged most visibly in the interviews in both STH3 and PBS2. There was evidence of negative cultural aspects in differing degrees. Participants in both organisations talked about how senior management don't take bullying seriously, insofar as aggressive behaviour and instances of repeated incivility were typically ignored or dismissed, resulting in targets losing any hope that the organisation will move to reprimand the instigator, and this is seen by many others, feeding into a general expectation of inaction, which in turn leads to low levels of confidence in procedures. In this way, despite policy statements, ill treatment becomes normalised. In STH3 incivility was also seen to be normalised, as were exclusion cliques and out groups. When ill treatment is normalised, the culture has become toxic, and this was recognised in PBS2 and to an extent in STH3. The placing of a policy on a website or in a folder can give an organisation a sense of security, but if in fact 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.

The description of the culture that emerges in the interviews offers support for Salin's⁷³ model of workplace bullying. Salin posits the interactions between enabling, motivating and precipitating structures and processes in an organisation explain workplace bullying. Enabling structures and processes are those that make it possible for bullying to occur in the first place and include perceived power imbalance, low perceived costs and dissatisfaction and frustration, all very evident in the PBS2 interviews. Words such as conformity, obedience, old fashioned, dysfunctional, and demi-god appear in the data. The low perceived costs are also clearly evident, with references to no apparent repercussions for bullying. In STH3, the hierarchical nature of the organisation and the abuse of positional power were recognised as 'the way things are' and as factors that contribute to their experience of ill treatment. Salin's model also identifies high internal competition as a process that feeds into a culture where bullying is problematic, along with systems that effectively reward workers who ill treat or manipulate others, again both evident in the data.

The Importance of Context

The interview data illustrated the importance of context. Although the policy documents for the organisations were not identical, they were very similar, containing almost standardised sections on 'what is bullying' and how to follow procedure. Yet the very specific contexts of the organisation were raised in the interviews in a way that revealed how a more nuanced approach to policy development might be a significant advance in the area. In VORG1, the particularities of their service ethos, that is, their commitment to families and clients, placed them in a difficult position when family members subjected them to aggression and abuse. Policy did not cover this adequately, according to the interviewees, and they are placed in a problematical position if they need to raise issues about parents, as it is in contradiction to the mission and vision of the organisation. That they felt conflicted about this is evident in the interviews. One participant, in recounting a difficult situation with a family member, in which she thought she might be hit, plays it down in the interview: *and she was kind of leaning over me and shouting (laughs)... and I actually, I actually thought she was going to hit me, that's how angry she was. Am, I was actually, really thought she was going to hit me..... am, but that was probably the, the worst of that situation really*'. Protecting staff from ill treatment not only has to include other staff members, the public and clients, but

⁷⁰ An, Y. & Kang, J. (2016). Relationship between Organizational Culture and Workplace Bullying among Korean Nurses. *Asian Nursing Research*, 10(3) 234-239

⁷¹ Pilch, I. & Turska, E. (2015). Relationships between Machiavellianism, Organizational Culture, and Workplace Bullying: Emotional Abuse from the Target's and the Perpetrator's Perspective. *Journal of Business Ethics*, 128: 83-93. doi:10.1007/s10551-014-2081-3

⁷² Hodgins, M. (2006). *Awareness and Perceptions of Staff of the Anti-Bullying Policy in a Public Sector Organization*. 5th International Conference: Workplace Bullying: The Way Forward. 15-17 June. Trinity College, Dublin,

⁷³ Salin, D. (2003). Ways of Explaining Workplace Bullying: A Review of Enabling, Motivating and Precipitating Structures and Processes in the Work Environment. *Human Relations*, 56 1213-1232

has to be sensitive to the context in which they interact with the client and in this case the family. Participants in VORG1 also raised the challenge of having to work with staff that they may have made allegations against in the context of the need in their work to support one another closely in working with clients with physical and intellectual disabilities.

In STH3 context was also important, in this case the diversity within the organisation pointed to a situation where sub cultures exist within a larger culture. Yet one national Dignity at Work policy is expected to address all circumstances. It was evident from the interviews that different issues arose in different parts of the service; there were differences between acute service units where the trajectory of work cannot be predicted on any one day and staff can find themselves in highly stressful situations, and units where work is very routine and mundane. Interestingly, the latter was a site for ill treatment in the form of exclusion and out group behaviour, and possibly more damaging than in the high stress emergency service, where staff can understand and to a degree accept that in a medical emergency tempers are frayed and shouting will occur. It is possible too to apologise in the latter situation, while the former is more pernicious. In both STH3 and PBS2 there were situations where professionals were also expected to engage in managerial work albeit within specialised units or functions. Yet professional training typically does not equip people for this, emphasizing the need for specific training for people in these roles and perhaps more finely tuned procedures.

The Importance of Power

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 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 impact on all subsequent communications and so very early intervention is essential. Yet much of the policy statements, and certainly experience on the ground was that matters can be prolonged, and long waits are to be expected. In fact, often in order to take a formal complaint of bullying forward, it has to be on-going for six months. Interestingly, while early response was identified as being very important, prevention as in the promotion of civility was not discussed at any length, with the exception of Veronicas statement at the end of her interview: *... like I say to people, you're not going to like everybody you work with. But you've got to respect their role and work through that, OK, you don't have to be their best friend and you don't have to work with them out, I'm not asking you to go to the pub with them, I'm not asking you to be their best friend. But I am asking that you would conduct yourself professionally in the workplace, and make sure that your behaviour is not going to impact any of your colleagues or our service users that are around you.*

It was also acknowledged by at least one participant in each of the organisations, usually a member of management, that current policy and procedure is not fully fit for purpose. Despite the intent to protect staff and even when carefully laid out procedures are fully implemented, the process will never result in both parties being satisfied. Tom in STH3 sums this up, *"One thing I know for certain is that I've never ... I don't think I've ever yet come across somebody who came out of a process where they felt that they had been poorly treated, gone through the policy and felt at the end that well that was great, now that's that sorted kind of you know, it's never like that so it isn't."* (Tom, MM), while Patsy, more pithily comments *'You can't un-ring a rung bell'*. Essentially what these participants are saying is that the policy and procedures for ill treatment do not accommodate the complexity and subtleties of human behaviour within a hierarchical structure. Ill treatment is enacted in a context of power abuse between individuals and the failure to address it adequately is an abuse of institutional power. Individual workers see this and it deters them from using the policies. Organisations that refuse to acknowledge it may not adequately revise their policies.

The accumulated findings on the broad construct of workplace ill treatment and the narrower constructs of incivility and bullying indicate that there are no easy solutions to this problem. This study certainly reinforces such a conclusion. 'Solutions' are often offered in the form of 'awareness raising', policy development or manager training. It is apparent from the results of the study here that such measures are indeed required in addressing ill treatment, but it is equally evident that for such solutions to be meaningful and workable, organisational culture needs to be addressed.

Strong predictors of all types of ill treatment were found in the FARE and the work positive items, which track back essentially to organisational culture, including treating people as individuals, managerial support, facilitating control over aspects of work, and excessive demand. The case studies strongly reinforced this, with discussions of policy and manager training placed in the context of, ultimately, a positive and supportive working environment.

Training of managers is clearly recommended. However, to be both meaningful and workable, managers cannot find themselves, despite having been provided with training, in a position where they are effectively expected to ignore some problems because, for example, the perpetrators are senior. So a supportive culture and strong leadership is an essential backdrop to manager training.

Similarly, Dignity at Work or Anti-Bullying policies, are a first step in relation to addressing ill treatment. Organisations must not only have a Policy to protect staff from ill treatment in the form of bullying, but it should adhere to good practice guidelines and be evidence informed. Critically, policies must be implemented in a way that it 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. This in effect means that the climate and culture of the organisation is key, and to be meaningful the organisation needs to send clear signals about the appropriateness or otherwise of particular behaviours and practices. It is evident from findings that clear lines of responsibility, realistic and responsive timelines and appropriate mechanisms of redress are very important to employees. Employees not only need procedures to be in place, but they need to have confidence in them.

Finally the promotion of civility and respectful behaviour could usefully be included in induction training programmes, thus signalling to all employees the importance of positive actions and communications, therefore feeding into a culture of respect throughout the organisation.

12 Conclusions

The aim of this study was to measure the prevalence of negative acts in a representative sample of Irish employees, and to compare prevalence across various sub groups within the working population employing the same design, measurement instrument and sampling strategy as used in the BWBS. The study also set out to explore the experiences of people within sectors where ill treatment is particularly prevalent, by way of three case studies, to inform meaningful and workable solutions.

The survey was completed by 1,764 people, representing a response rate of 74% and drew on a sample profile that closely matched national figures. Workplace ill treatment over the past two years was found to affect just under half of Irish workers. As measured by at least one item on the 21 item behavioural checklist, ill treatment was experienced by 43% of participants. Unreasonable management was experienced by 37%, incivility or disrespect by 31.3% and physical violence by 2.6%. These values compare favourably to those measures in the British Workplace Behaviour Study, for the experience of ill treatment, although the rates of witness and perpetration for Ireland were higher. The study suggests that aspects of the measurement of workplace ill treatment may be culturally sensitive and prevalence needs to be interpreted in this light.

Although comparisons with previous studies are not straightforward, given that previous studies employed self labelling techniques and measured bullying as opposed to ill treatment, if the two-twice-weekly indicator is used as an estimate of bullying, it appears that bullying has increased in Ireland since 2007, from 7.9% to 9%. This could be a function of the increased work pressure associated with economic recession.

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 a 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 at the level of the organisation is essential. The study findings add to the accumulating evidence that organisational factors are strong predictors of ill treatment: for example participants stating that ‘the needs of their organisation always come first’ are 3.5 times more likely to experience unreasonable management and those who feel their principles are compromised in work are over four times more likely to experience incivility and disrespect. Not only do negative environments increase the risk of ill treatment, positive environments reduce the risk. The study therefore provides strong evidence that the work environment is a determinant of ill treatment, or conversely 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 reduce workplace ill treatment.

The case studies, which focused on the policies in three organisations and the implementation of these on the ground, 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 fully protect workers, 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 well being seriously. 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 a form of ill treatment.

In terms of meaningful solutions, the findings of the study point to the need for specific attention to line or middle managers, who are expected to play a key role in dealing with ill-treatment issues that arise, and the importance a culture that supports them. Conflicts between staff can never be fully eliminated, but perhaps the complexity of these and the need for nuanced, context specific training, has not been sufficiently emphasised in previous studies. The training and on-going support of managers, in a way that addresses the particular context of the organisation is essentially is addressing ill treatment. In particular, 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, needs to be recognised.

Finally, current policies, that require damage to be done, even in organisations where workers are not averse to engaging with the policy, are not fully fit for purpose. Organisations must look to the promotion of respectful behaviour, and 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 most hope for genuine reduction in levels of ill treatment.

APPENDIX 1: IWBS SURVEY INSTRUMENT

Ill-treatment factors and specific items

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 criticism of work or performance which is unfair
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

SCREENING QUESTIONS

Working status

What is your current working status?

- 1 Working full-time (30+ hours a week)
- 2 Working part-time (8-29 hours a week)
- 3 Working part-time (under 8 hours a week)
- 4 Retired (no paid work at all)
- 5 Still at school
- 6 Full-time higher education
- 7 Unemployed (seeking work)
- 8 Not employed (not seeking work)

Q. Xi Are you working as an employee or are you self-employed or own your own business?

- 1 Employee
- 2 Self-employed (with or without employees)
- 3 Owner of business
- 4 (DK)

Q. Xii Have you been employed full or part time at any time within the last 2 years? Please exclude self-employment.

- 1 Full-time paid work (30+ hours per week)
- 2 Part-time paid work (8-29 hours per week)
- 3 Part-time paid work (under 8 hours per week)
- 4 No employment in the last 2 years
- 5 (DK)

Q. Xiii How long ago was it since you last worked as an employee?

- 1 Still working as an employee
- 2 Within the last 6 months
- 3 6 months up to one year ago
- 4 One to two years ago
- 5 More than two years ago
- 6 (DK)

Ethnicity

Which of these best describes your ethnic group?

- 1 White British
- 2 White Irish
- 3 Any other White background (Including eastern EU)
- 4 Mixed background (White & Black Caribbean, White & Black African, White & Asian)

- 5 Asian background (Including Bangladeshi, Pakistani, Indian, Chinese)
- 6 Black African
- 7 Any other Black background (Including Black Caribbean)
- 8 Any other
- 9 (R)
- 10 (DK)

Religion

And what is your religion, even if you are not currently practising?

- 1 Christian (including Catholic, Protestant, and all other Christian denominations)
- 2 Buddhist
- 3 Hindu
- 4 Jewish
- 5 Muslim
- 6 Sikh
- 7 Any other religion (please specify)
- 8 No religion at all
- 9 (R)
- 10 (DK)

DISABILITY

Do you have any of the following long-standing conditions?

- 1 Deafness or severe hearing impairment*
- 2 Blindness or severe visual impairment*
- 3 A condition that substantially limits one or more basic physical activities such as walking, climbing stairs, lifting or carrying*
- 4 A learning difficulty*
- 5 A long-standing psychological or emotional condition*
- 6 Other, including any long-standing illness*
- 7 No, I do not have a long-standing condition*
- 8 Refused*
- 9 Don't know*

IWBS SURVEY QUESTIONNAIRE

Q.1 Thinking about your *current/most recent* employer over the last two years, how often, if at all, have you experienced any of the following in a negative way, this could be from people you work with or from clients or customers.

- (item 1) ...Someone withholding information which affects your performance.
- (item 2) ...Pressure from someone else to do work below your level of competence.
- (item 3) ...Having your opinions and views ignored
- (item 4) ...Someone continually checking up on you or your work when IT IS NOT NECESSARY
- (item 5) ...Pressure from someone else NOT to claim something which by right you are entitled to (e.g. sick leave, holiday entitlement, travel expenses)
- (item 6) ...Being given an unmanageable workload or impossible deadlines
- (item 7) ...Your employer not following proper procedures
- (item 8) ...Being treated unfairly compared to others in your workplace
- (item 9) ...Being humiliated or ridiculed in connection with your work
- (item 10) ...Gossip and rumours being spread about you or having allegations made against you
- (item 11) ...Being insulted or having offensive remarks made about you
- (item 12) ...Being treated in a disrespectful or rude way
- (item 13) ...People excluding you from their group
- (item 14) ...Hints or signals from others that you should quit your job
- (item 15) ...Persistent criticism of your work or performance which is unfair
- (item 16) ...Teasing, mocking, sarcasm or jokes which go too far
- (item 17) ...Being shouted at or someone losing their temper with you
- (item 18) ...Intimidating behaviour from people at work
- (item 19) ...Feeling threatened in any way while at work
- (item 20) ...Actual physical violence at work
- (item 21) ...Injury in some way as a result of violence or aggression at work

- 1: Never
- 2: Just once
- 3: Now and then
- 4: Monthly
- 5: Weekly
- 6: Daily
- 7 (R)
- 8 (DK)

Q.2 Thinking of the same 21 items we have just talked about, have you seen any of these things happen, on more than one occasion, to other people in your *current/most recent* workplace in the last two years?

- ...Someone withholding information which affects performance.
- ...Pressure from someone else 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 (e.g. sick leave, holiday entitlement, travel expenses)
- ...Being given an unmanageable workload or impossible deadlines
- ...Employers not following proper procedures
- ...Employees being treated unfairly compared to others in the workplace
- ...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 criticism of work or performance which is unfair
- ...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
- ...Actual physical violence at work
- ...Injury in some way as a result of violence or aggression at work
- (None)

0 No
 1 Yes
 2 (R)
 3 (DK)

Q.3 Thinking of the same 21 items we have just talked about, have you done any of these things, on more than one occasion, to other people in your *current/most recent* workplace in the last two years?

- ...Withheld information which affected someone's performance
- ...Put pressure on someone to do work below their level of competence
- ...Ignored opinions and views of others
- ...Continually checked up on someone's work when IT WAS NOT NECESSARY
- ...Put pressure on someone NOT to claim something, which by right they were entitled to (e.g. sick leave, holiday entitlement, travel expenses)
- ...Given someone an unmanageable workload or impossible deadlines
- ...Not followed proper procedures in the workplace
- ...Treated someone unfairly compared to others in the workplace
- ...Humiliated or ridiculed someone in connection with their work
- ...Spread gossip and rumours or made allegations against someone
- ...Insulted or made offensive remarks about someone
- ...Treated someone in a disrespectful or rude way
- ...Excluded people from your group
- ...Given hints or signals to others that they should quit their job
- ...Persistently criticised work or performance which was unfair
- ...Teasing, mocking, sarcasm or jokes which go too far
- ...Shouted at or lost your temper with someone at work
- ...Intimidating behaviour to people at work
- ...Made someone feel threatened in any way while at work
- ...Actual physical violence at work
- ...Injured anyone in some way as a result of violence or aggression at work

0 No
 1 Yes
 2 (R)
 3 (DK)

Q.4(a) Can I just check, these are all things that happened to you in your *current/most recent* place of work and within the last two years. Is this correct?

Q. 4(b) You said that you had experienced this/these negative behaviour(s) over the last two years, of these, which one affected you the most?

Q.5 And what did this experience involve?

Q.5b Summary of Number of responses

1 *Three or more valid responses to Q1 AND Q4a*
 Valid response = codes 02-06 at Q1 AND code 1 at Q4a

2 *Less than three valid responses to Q1 AND Q4a*
 Valid response = codes 02-06 at Q1 AND code 1 at Q4a

3 items will be selected to use for follow up questions. Deciding which ones to select:

Priority scores:

53 *Item 21 codes 02-06 at Q1 AND code 1 at Q4a*

52 *Item 20 codes 02-06 at Q1 AND code 1 at Q4a*

51 *Item 19 codes 02-06 at Q1 AND code 1 at Q4a*

50 *Item 18 codes 02-06 at Q1 AND code 1 at Q4a*

49 *Item 17 codes 02-06 at Q1 AND code 1 at Q4a*

48 *Item 9 codes 04-06 at Q1 AND code 1 at Q4a*

47 *Item 14 codes 04-06 at Q1 AND code 1 at Q4a*

46 *Item 13 codes 04-06 at Q1 AND code 1 at Q4a*

45 *Item 15 codes 04-06 at Q1 AND code 1 at Q4a*

44 *Item 16 codes 04-06 at Q1 AND code 1 at Q4a*

43 *Item 11 codes 04-06 at Q1 AND code 1 at Q4a*

42 *Item 10 codes 04-06 at Q1 AND code 1 at Q4a*

41 *Item 12 codes 04-06 at Q1 AND code 1 at Q4a*

40 *Item 8 codes 04-06 at Q1 AND code 1 at Q4a*

39 *Item 5 codes 04-06 at Q1 AND code 1 at Q4a*

38 *Item 7 codes 04-06 at Q1 AND code 1 at Q4a*

37 *Item 1 codes 04-06 at Q1 AND code 1 at Q4a*

36 *Item 2 codes 04-06 at Q1 AND code 1 at Q4a*

35 *Item 3 codes 04-06 at Q1 AND code 1 at Q4a*

- 34 *Item 4 codes 04-06 at Q1 AND code 1 at Q4a*
- 33 *Item 6 codes 04-06 at Q1 AND code 1 at Q4a*

- 32 *Item 9 code 03 at Q1 AND code 1 at Q4a*
- 31 *Item 14 code 03 at Q1 AND code 1 at Q4a*
- 30 *Item 13 code 03 at Q1 AND code 1 at Q4a*
- 29 *Item 15 code 03 at Q1 AND code 1 at Q4a*
- 28 *Item 16 code 03 at Q1 AND code 1 at Q4a*
- 27 *Item 11 code 03 at Q1 AND code 1 at Q4a*
- 26 *Item 10 code 03 at Q1 AND code 1 at Q4a*
- 25 *Item 12 code 03 at Q1 AND code 1 at Q4a*
- 24 *Item 8 code 03 at Q1 AND code 1 at Q4a*
- 23 *Item 5 code 03 at Q1 AND code 1 at Q4a*
- 22 *Item 7 code 03 at Q1 AND code 1 at Q4a*
- 21 *Item 1 code 03 at Q1 AND code 1 at Q4a*
- 20 *Item 2 code 03 at Q1 AND code 1 at Q4a*
- 19 *Item 3 code 03 at Q1 AND code 1 at Q4a*
- 18 *Item 4 code 03 at Q1 AND code 1 at Q4a*
- 17 *Item 6 code 03 at Q1 AND code 1 at Q4a*

- 16 *Item 9 code 02 at Q1 AND code 1 at Q4a*
- 15 *Item 14 code 02 at Q1 AND code 1 at Q4a*
- 14 *Item 13 code 02 at Q1 AND code 1 at Q4a*
- 13 *Item 15 code 02 at Q1 AND code 1 at Q4a*
- 12 *Item 16 code 02 at Q1 AND code 1 at Q4a*
- 11 *Item 11 code 02 at Q1 AND code 1 at Q4a*
- 10 *Item 10 code 02 at Q1 AND code 1 at Q4a*
- 9 *Item 12 code 02 at Q1 AND code 1 at Q4a*
- 8 *Item 8 code 02 at Q1 AND code 1 at Q4a*
- 7 *Item 5 code 02 at Q1 AND code 1 at Q4a*
- 6 *Item 7 code 02 at Q1 AND code 1 at Q4a*
- 5 *Item 1 code 02 at Q1 AND code 1 at Q4a*
- 4 *Item 2 code 02 at Q1 AND code 1 at Q4a*
- 3 *Item 3 code 02 at Q1 AND code 1 at Q4a*
- 2 *Item 4 code 02 at Q1 AND code 1 at Q4a*
- 1 *Item 6 code 02 at Q1 AND code 1 at Q4a*

(any which are not code 1 at Q4a are invalid responses and so priority 0)

Q.6(a) You said that you had experienced at least three negative behaviours over the last two years. These are three of the negative behaviours that you said you had experienced. I am going to ask you a few questions about each one in turn.

Q.6(b) First thinking about when you experienced [insert text of first item from Q6a]. *In the last 6 months/In the last 6 months you were working*, how often would you say this happened?

- 1 Never
- 2 Just once
- 3 Now and then
- 4 Fortnightly
- 5 Weekly
- 6 Daily
- 7 (R)
- 8 (DK)

Q.7 In the most recent incident of this kind, this need not have been in the last 6 months, what gender was the person or persons responsible?

- 1: Male
- 2: Female
- 3: Both males and females
- 4 (R)
- 5 (DK)

Q.8 In the most recent incident, what ethnic group was the person or persons responsible?

- 01: White
- 02: Black
- 03: Asian
- 04: Other
- 05: Mixed race
- 06: Mixed group including people of different races
- (R)
- (DK)

Q.9 In the most recent incident was the person/persons responsible a

- 1: Employer, supervisor(s) or line-manager(s), senior manager(s)
- 2: Co-worker(s), colleague(s)
- 3: Subordinate(s) or people in lower positions than you
- 4: Client(s), customer(s)
- 5: Not an individual (i.e. the organisation)
- (R)
- (DK)

Q.10 Do you believe, in the most recent incident, this negative behaviour was because of anything on this screen?

[Screen 1]

- 1: Your position in the organisation
- 2: It's just the way things are where you work
- 3: Your performance at work

[Screen 2]

5: The attitude or personality of the other person(s)

6: People's relationships at work (e.g. favouritism)

7: People have a group or clique at work and exclude you from it

[Screen 3]

9: Your age

10: Your gender

11: Your nationality

12: Your religion

13: Your race, ethnic group and/or colour of skin

[Screen 4]

14: Your sexual orientation (e.g. gay, straight, lesbian, bi-sexual etc.)

15: Your disability

16: Your long-term illness or other health problems

17: Your union membership

[Screen 5]

18: Your physical appearance or the way you dress

19: You being pregnant/your family or caring responsibilities or marital status

20: Your accent or the way you speak, address or where you live, or social class

21: Something else about you (e.g. you get singled out, you get picked on)

22: Something else not already specified (please specify)

(None)

Q.11 What do you think caused or is causing this negative behaviour (please specify)?

FARE Thinking about your current workplace/workplace during the last year that you spent in your most recent job, which of the following statements apply? You can choose as many as you like or none at all.

...Where I work, the needs of the organisation always come before the needs of people

...Where I work, you have to compromise your principles

...Where I work, people are treated not as individuals

...I cannot decide how much work I do or how fast I work during the day

...My manager decides the specific tasks I will do from day to day

...I need permission to take a break during the working day

...I now have less control over my work than I did a year ago

...The pace of work in my present job is too intense

...The nature of my work has changed over the past year or so

...The pace of work in my job has increased over the past year or so

Q.WP Still thinking about your current workplace/workplace during the last year that you spent in your most recent job, can you tell me whether...

- I am clear what is expected of me at work

- I can decide when to take a break

- Different groups at work demand things from me that are hard to combine

- I know how to go about getting my job done
- I have unachievable deadlines
- If work gets difficult, my colleagues will help me
- I am given supportive feedback on the work I do
- I have to work very intensively
- I am clear what my duties and responsibilities are
- I have to neglect some tasks because I have too much to do
- I am clear about the goals and objectives for my department
- There is friction or anger between colleagues
- I have a choice in deciding how I do my work
- I am unable to take sufficient breaks
- I understand how my work fits into the overall aim of the organisation
- I am pressured to work long hours
- I have a choice in deciding what I do at work
- I have to work very fast
- I have unrealistic time pressures
- I can rely on my line manager to help me out with a work problem
- I get the help and support I need from colleagues
- I have some say over the way I work
- I have sufficient opportunities to question managers about change at work
- I receive the respect at work I deserve from my colleagues
- Staff are always consulted about change at work
- I can talk to my line manager about something that has upset or annoyed me at work
- My working time can be flexible
- My colleagues are willing to listen to my work-related problems

1: Never

2: Seldom

3: Sometimes

4: Often

5: Always

Q.A Thinking about your *current/most recent* job, can you tell me what does the organisation you *work/worked* for mainly make or do at the place where you *work/worked*?

Please describe fully.

1 Agriculture, hunting and forestry

2 Fishing

3 Mining and quarrying

4 Manufacturing

5 Electricity, gas, and water supply

6 Construction

7 Wholesale and retail trade, repair of motor vehicles & motorcycles

8 Hotels and restaurants

9 Transport, storage and communication

10 Financial intermediation

11 Real estate, renting and business activities

12 Public administration and defence, compulsory social security

13 Education

14 Health and Social Work

15 Other community, social and personal service activities

- 16 Private households employing staff and undifferentiated prod
- 17 Extra-territorial organisations and bodies
- 18 Refused/Not Stated

Q.B And still thinking about your *current/most recent* job, what *is/was* your (main) job role there?
What is/was your job title?

Q.C And what *do/did* you mainly do in your job? Please also tell me if you needed any special qualifications or training to do the job.

Q.D And *do/did* you have any managerial duties or *do/did* you supervise other employees?

- 1: Manager
- 2: Supervisor/foreman
- 3: No
- 4: Refused
- 5: (DK)

Q.E *Is/Was* your job a permanent job or *is/was* there some way in which it *is/was* not permanent?

- 1: Yes - Permanent job
- 2: No - not a permanent job
- 3: Refused
- 4: (DK)

Q.F Which of these BEST describes the way in which your job *is/was* NOT permanent?

- 1: Seasonal work
- 2: Under contract for a fixed period of time or for a particular task
- 3: Agency work or temping
- 4: Casual work
- 5: Government supported scheme [e.g. Jobs Bridge, unpaid Intern]
- 6: Other non-permanent arrangement
- 7: Refused
- 8: (DK)

Q.G Including yourself, how many employees *are/were* there in total at the place where you *work/worked*. Please include all contracted, non-contracted, agency, freelance and temporary workers BUT EXCLUDE any owners, or directors of the organisation.

- 01: 1 only (me only, no other Employees)
- 02: 2 to 4
- 03: 5 to 9
- 04: 10 to 19
- 05: 20 to 24
- 06: 25 to 49
- 07: 50 to 99

- 08: 100 to 149
- 09: 150 to 249
- 10: 250 to 499
- 11: 500 or over
- 12: Don't know but less than 250
- 13: Don't know but 250 or more
- 14: Refused
- 15: (DK)

Q.H *Is/Was* your place of work part of a larger organisation?

If yes, can you estimate the total number of employees in that larger organisation?

- 1: Not in a larger organisation
- 2: Under 10
- 3: 10 - 49
- 4: 50 - 249
- 5: 250 - 499
- 6: 500 - 999
- 7: 1,000 - 9,999
- 8: 10,000 +
- 9: Refused
- 10: Don't know

Q.I What kind of organisation *is/was* it?

- 1: A private firm or business or a limited company
- 2: A public limited company or PLC
- 3: A nationalised industry or state corporation
- 4: Central Government or Civil Service
- 5: Local government or council (including the Fire Service)
- 6: A School
- 7: A University or college
- 8: A Health Authority or the HSE
- 9: A Charity or Voluntary organisation
- 10: The Police
- 11: The armed forces
- 12: Another kind of organisation (Please specify)
- 13: Refused
- 14: (DK)

Q.J How long have you been working for your current employer? Please do not include any time spent temping before being directly employed by the organisation. If you can't remember exactly, please give your best estimate.

- 1: < 1 year
- 2: 1-2 years
- 3: 2-3 years
- 4: 3-4 years
- 5: 4-5 years
- 6: 5-10 years
- 7: 10-15 years

- 8: 15 years +
- 9: Don't know/Not answered

QK. What would you say was the composition of the staff in your *current/last* workplace in terms of race/ethnicity:

- 1: No Black or Ethnic Minorities in my workplace (0%)
- 2: A few Black or Ethnic Minorities in my workplace (5-10%)
- 3: About a quarter Black or Ethnic Minorities (about 25%)
- 4: About half Black or Ethnic Minorities (about 50%)
- 5: More than half Black or Ethnic Minorities (about 60%)
- 6: About three-quarters Black or Ethnic Minorities (about 75%)
- 7: Nearly all Black or Ethnic Minorities (about 85-90%)
- 8: All Black or Ethnic Minorities (100%)
- 9: (R)
- 10: (DK)

QL. What would you say was the composition of the staff in your *current/last* workplace in terms of gender:

- 1: No women in my workplace (0%)
- 2: A few women in my workplace (5-10%)
- 3: About a quarter women (about 25%)
- 4: About half women (about 50%)
- 5: More than half women (about 60%)
- 6: About three-quarters women (about 75%)
- 7: Nearly all women (about 85-90%)
- 8: All women (100%)
- 9: (R)
- 10: (DK)

QM. What would you say was the composition of the staff in your *current/last* workplace in terms of young people under 25:

- 1: No young people in my workplace (0%)
- 2: A few young people in my workplace (5-10%)
- 3: About a quarter young people (about 25%)
- 4: About half young people (about 50%)
- 5: More than half young people (about 60%)
- 6: About three-quarters young people (about 75%)
- 7: Nearly all young people (about 85-90%)
- 8: All young people (100%)
- 9: (R)
- 10: (DK)

Q.N Are/Were there any Trade Unions or staff associations at *current/most recent* workplace that someone doing your job could join?

- 1: Yes - Trade Union
- 2: Yes - Staff Association
- 3: No

4: Refused

5: (DK)

Q.O Are/Were you a member of the trade union or staff association there?

1: Yes - Trade Union

2: Yes - staff association

3: No

4: Refused

5: (DK)

Q.P Please look at this and tell me what your usual pay *is for your current job/was for your most recent job*, **BEFORE** any deductions for tax, PRSI and so on.

	Per week	Per month	Per year	Code
A	Under €193	Under €834	Under €10,000	1
B	€193 - €384	€834 - €1,667	€10,000 - €19,999	2
C	€385 - €575	€1,668 - €2,500	€20,000 - €29,999	3
D	€576 - €767	€2,501 - €3,333	€30,000 - €39,999	4
E	€768 - €959	€3,334 - €4,167	€40,000 - €49,999	5
F	€960 or more	€4,168 or more	€50,000 or more	6
R				7
DK				8

Perhaps you could look at this card now and tell me in a little more detail where your usual pay, **BEFORE** any deductions for tax, PRSI and so on, would fall?

	Per week	Per month	Per year	Code
H25 A [FURTHER BREAKDOWN OF CATEGORY A ABOVE]	€86 or less	€375 or less	€4,499 or less	1
	€87 - €109	€376 - €475	€4,500 - €5,699	2
	€110 - €153	€476 - €667	€5,700 - €7,999	3
	€154 - €192	€668 - €833	€8,000 - €9,999	4
H25 B [FURTHER BREAKDOWN OF CATEGORY B ABOVE]	€193 - €240	€834 - €1,042	€10,000 - €12,499	5
	€241 - €288	€1,043 - €1,250	€12,500 - €14,999	6
	€289 - €336	€1,251 - €1,458	€15,000 - €17,499	7
	€337 - €384	€1,459 - €1,667	€17,500 - €19,999	8
H25 C [FURTHER BREAKDOWN OF CATEGORY C ABOVE]	€385 - €432	€1,668 - €1,875	€20,000 - €22,499	9
	€433 - €479	€1,876 - €2,083	€22,500 - €24,999	10
	€480 - €527	€2,084 - €2,292	€25,000 - €27,499	11
	€528 - €575	€2,293 - €2,500	€27,500 - €29,999	12
H25 D [FURTHER BREAKDOWN OF CATEGORY D ABOVE]	€576 - €623	€2,501 - €2,708	€30,000 - €32,499	13
	€624 - €671	€2,709 - €2,917	€32,500 - €34,999	14
	€672 - €719	€2,918 - €3,125	€35,000 - €37,499	15
	€720 - €767	€3,126 - €3,333	€37,500 - €39,999	16
H25 E [FURTHER BREAKDOWN OF CATEGORY E ABOVE]	€768 - €815	€3,334 - €3,542	€40,000 - €42,499	17
	€816 - €863	€3,543 - €3,750	€42,500 - €44,999	18
	€864 - €911	€3,751 - €3,958	€45,000 - €47,499	19
	€912 - €959	€3,959 - €4,167	€47,500 - €49,999	20

H25 F [FURTHER BREAKDOWN OF CATEGORY F ABOVE]	€960 - €1,151	€4,168 - €5,000	€50,000 - €59,999	21
	€1,152 - €1,343	€5,001 - €5,833	€60,000 - €69,999	22
	€1,344 - €1,534	€5,834 - €6,667	€70,000 - €79,999	23
	€1,535 or more	€6,668 or more	€80,000 or more	24
R				25
DK				26

Q.Q Starting from the top of the screen, please look down the list of qualifications and tell me the number of the first one you come to that you have passed. (From Census 2011)

1: Higher degree or postgraduate qualifications NFQ Level 9 or 10 *Postgraduate Diploma, Masters Degree or equivalent, PhD*

2: Degree Honours Bachelor Degree/Professional qualification or both NFQ Level 7 or 8

3: Diplomas in higher education or other HE qualifications, Higher Certificate NFQ Level 6 *NCEA/HETAC National Cert. or equivalent, Advanced Certificate/Completed Apprenticeship NFQ Level 6 FETAC Advanced Cert., NCVA Level 3, FÁS National Craft Cert., Teagasc Farming Cert., CERT Professional Cookery Cert. or equivalent*

4: Upper Secondary NFQ Levels 4 or 5 *Leaving Cert. (including Applied and Vocational programmes) or equivalent*

5: Trade apprenticeships Technical or Vocational NFQ Levels 4 or 5 *FETAC Level 4/5 Cert., NCVA Level 1/2, FÁS Specific Skills, Teagasc Cert. in Agriculture, CERT Craft Cert. or equivalent*

6: Lower Secondary NFQ Level 3 *Junior/Inter/Group Cert., FETAC Level 3 Cert., FÁS Introductory Skills, NCVA Foundation Cert. or equivalent*

7: Primary education NFQ Levels 1 or 2 *FETAC Level 1 or 2 Cert. or equivalent*

8: Other qualifications (including overseas) (please specify)

9: None of these

10: Refused

11: (DK)

Q.S What is your country of birth?

1: England

2: Wales

3: Scotland

4: Northern Ireland

5: removed for Ire

6: Republic of Ireland

7: Poland

8: Lithuania

9: Latvia

10: Romania

11: Germany

12: Slovakia

- 13: Hungary
- 14: France
- 15: Italy
- 16: Spain
- 17: Netherlands
- 18: Other EU27 (Luxembourg, Slovenia, Cyprus, Malta, Greece, Austria, Finland, Denmark, Belgium, Sweden, Bulgaria, Portugal, Estonia)
- 19: Nigeria
- 20: South Africa
- 21: Other Africa
- 22: China
- 23: India
- 24: Philippines
- 25: Other Asia
- 26: USA
- 27: Brazil
- 28: Canada
- 29: Other Americas
- 30: Australia
- 31: New Zealand
- 32: Somewhere else (please specify)
- 33: Refused
- 34: (DK)

Q.T And in what year did you FIRST come to the Republic of Ireland to live or to work?

Q.V Do you have any of the following long-standing conditions?

- 1 Deafness or severe hearing impairment
- 2 Blindness or severe visual impairment
- 3 A condition that substantially limits one or more basic physical activities such as walking, climbing stairs, lifting or carrying
- 4 A learning difficulty
- 5 A long-standing psychological or emotional condition
- 6 Other, including any long-standing illness
- 7 No, I do not have a long-standing condition
- 8 Refused
- 9 Don't know

QW Does a long-standing health problem or disability mean you have substantial difficulties doing day-to-day activities?

- 1 Yes
- 2 No
- 3 R
- 4 DK

APPENDIX 2: TOPIC GUIDE FOR INTERVIEWS

Topic Guide for Employees

1) PERSONAL PROFILE:

Tell me a bit about yourself.....

2) PERCEPTION OF ILL TREATMENT IN THE ORGANISATION: (BULLYING, HARASSMENT, RUDENESS, VERBAL ABUSE, UNREASONABLE BEHAVIOUR)

- What do you understand by ill treatment in the workplace?
- Do you think ill treatment is prevalent in your workplace?
- What are your experiences of ill treatment in the workplace? (can capture personal experiences and also witnessed/observed experiences)
- What was the outcome for employee?
- What was the outcome for the organisation?
- What do you think has brought it about?

3) KNOWLEDGE OF SUPPORT AVAILABLE:

- Tell me about the systems that are in place to deal with issues of ill treatment? (policies/procedures)?
- Who would you go to?
- What works? What doesn't work? Why might this be?
- How effective are the processes?

4) OUTCOMES:

- What are the consequences of using the systems/procedures that are in place?
- What happens once you do access them?
- Consequences of reporting ill treatment?
- Is the outcome generally satisfactory?
- Other than the formal procedures/supports, what else has helped you or others through such experiences?
- In what way?
- Other support mechanisms?

5) SOLUTIONS:

- What do you think should happen?
- In the future, what would be a better way of dealing with issues of ill treatment in the workplace?
- What challenges may arise?

APPENDIX 3: CALL TO PARTICIPATE IN INTERVIEWS

Irish Workplace Behaviour Study 2015-2016

Dear Staff Member

We are writing in relation to the Irish Workplace Behaviour Study, which is being conducted by researchers in the National University of Ireland, Galway and the University of Limerick.

Negative behaviours, such as bullying, harassment or incivility, have a significant impact on employee health and wellbeing. Organisations typically find it difficult to prevent or even manage negative behaviours, even with policies and procedures in place. This research is part of a national study, which aims to explore the causes and effects of negative workplace behaviours and also the implementation of supports and procedures for addressing potential issues. Your organisation is just one of the organisations participating in the study.

We would like to talk to people, in any grade or role in your organisation, to gain a deeper understanding of perceptions and experiences, from people on the ground, about how these problems arise and are managed in your workplace. Ultimately, we will use this information to make useful and practical recommendations for workplaces generally.

To facilitate the research, we will be conducting interviews, which will include questions such as perceptions of negative behaviours in your workplace, and procedures and supports for dealing with such issues. Interviews will take approximately 30 mins to complete and all information collected will be completely confidential and anonymous, meaning:

1. Your employer will not be told who participates in the interviews
2. The data will be presented in a general way and extreme care will be taken to ensure and no one can be identified through any comments they make
3. The organisation itself will not be identified in the project report to funder (Institution of Occupational Safety and Health, UK)
4. Only general issues arising, and recommendations for actions will be summarised and given to your organisation

Interviews can be held in person either in your workplace if that can be arranged, or in the University, if that is your preference.

We would like to invite you contact us if you are interested in taking part in this study and to share your experiences regarding this issue. Please contact us on **086 0208015**

Thank you for your time.

Yours sincerely,
Dr Margaret Hodgins,
School of Health Sciences,
Ph (091) 493349,

Principal Investigator, IWBS.
National University of Ireland, Galway
Email: margaret.hodgins@nuigalway.ie

APPENDIX 4: EDUCATIONAL SESSIONS FLYER

Better Workplace Behaviour; Creating a Positive Work Culture

This free, half day workshop aims to engage employees in critical discussion and identify potential solutions to improve workplace culture, employee wellbeing and performance.

When: Wednesday the 5th of October, 9.30am – 1.30pm

Where: The Clarion Hotel Cork, Pegasus Room



Who will this benefit?

All employees ranging from front line staff, managerial, human resource, occupational health and all those with an interest in promoting positive work environments, culture and health.

Why attend?

The workshop will allow attendees to understand why negative behaviours occur in the workplace and to understand their origins and consequences for employees within the team or department. The group will be facilitated to identify ways to create positive working conditions for all staff.

Workshop outcomes

- To gain a deeper understanding of the reasons why negative climates are experienced at work
- To analyse how to manage conflict and inappropriate behaviours in the workplace
- To build knowledge and skills in how to foster more positive working environments
- To critically engage strategies to promote and protect health at work

Workshop Overview

9.30am	An Overview of Workplace Behaviour (Patricia Murray, HSA Psychologist)
10.15am	Irish Workplace Behaviour Study – An Overview (Dr Patricia Mannix McNamara, University of Limerick)
10.45am	Case Study Examples from Ireland
11.15am	Coffee Break
11.30am	Exploring Solutions to Problems Identified in Case Examples – group session
12pm	Minding Your Mental Health at Work (Orlaith O’Sullivan PhD – Mindfulness Training and Coaching Consultancy)
12.30pm	Do’s and Don’t’s for Improved Behaviour at Work
1pm	Lunch
1.30pm	Close

Email registration form to a.gallagher3@nuigalway.ie by 5pm on Friday the 30th of September to guarantee place.

For additional queries contact Áine Gallagher, a.gallagher3@nuigalway.ie, 091 494038



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Suggested reference

Hodgins M, Pursell L, Hogan V, McCurtain S, Mannix-McNamara P and Lewis D.
Irish workplace behaviour study. Wigston: IOSH, 2017

© IOSH 2017
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SD009822117/PDF