

Workplace ill treatment and productivity



IOSH is committed to supporting health and safety research that has a practical application in the workplace. We're pleased, therefore, to have worked with NUI Galway to publish the Irish workplace behaviour study.

Forming part of our Research and Development portfolio, this document joins IOSH's range of authoritative, free guidance, available at iosh.com/research.

Workplace ill treatment and productivity

A guide to inform and help members to determine 'next steps' in effective ill treatment management.

The document contains information and practical advice for practitioners keen to lessen ill treatment in their organisations, reduce mental health risk and contribute to improving productivity.

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Introduction/Scope

In 2010 IOSH published research on unacceptable behaviour and wellbeing at work in the UK¹ and in 2018 further research looking at workplaces in Ireland². Both studies followed the same research methodology. This guidance describes the key findings of these pieces of research and interprets their meaning for the workplace. It suggests a 'to do' list for practitioners keen to lessen ill-treatment in their organisations, reduce mental health risk and contribute to improving productivity.

Both studies examined the prevalence of unreasonable management, incivility or disrespect and violence and aggression. The Irish study used the term 'ill treatment' to describe these factors collectively. 'Bullying' was regarded as a term too narrow to account fully for the full range of negative workplace behaviour. Ill treatment broadens the definition to include non-systematic incidents, poor management and unproductive relationships. It includes threats to professional status and personal standing, isolation, overwork and the destabilisation of individuals. Bullying is defined as ill treatment that is repeatedly delivered against the same individual.

Bullying at work means harassing, offending, socially excluding or negatively affecting someone's work tasks. For the label 'bullying' to be applied to an activity, interaction or process, it has to occur repeatedly and regularly (for example, weekly) and over a period of time (for example, six months). Bullying is an escalating process during which the person confronted ends up in an inferior position and becomes the target of systematic negative social acts. A conflict cannot be called bullying if the incident is an isolated event or if two parties of approximately equal 'strength' are in conflict.³

The research projects include discussion on unreasonable management, incivility and violence and aggression: the three forms of ill-treatment.

Unreasonable management covers a range of poor management behaviour that is not fair or sensible. It includes not providing the right tools or information, applying excessive pressure and differential treatment of individual employees.

[Incivility or disrespect is] low-intensity deviant behaviour with ambiguous intent to harm the target, in violation of workplace norms for mutual respect. Uncivil behaviours are characteristically rude and discourteous, displaying a lack of regard for others.⁴

A violent and aggressive act includes being angrily shouted at, having objects thrown at you, being spat at or bitten, being punched or kicked, or having personal property damaged.

Both research projects used a table of ill-treatment standards to test and categorise the responses of those interviewed (see Table 1: Ill treatment categories). It includes statements under the categories of unreasonable management, incivility or disrespect and violence or injury.

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 about their work
Gossip and rumours being spread, or allegations made against others
Insulting or offensive remarks made about people in work
Being treated in a disrespectful or rude way
People excluding others from their group
Hints or signals that they should quit their job
Persistent unfair criticism of work or performance
Teasing, mocking, sarcasm or jokes which go too far
Being shouted at or someone losing their temper
Intimidating behaviour from people at work
Feeling threatened in any way while at work
Violence or injury
Actual physical violence at work
Injury in some way because of violence or aggression at work, or damage to personal property

Table 1: Ill treatment categories

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Discussion of key research findings

Although there were some differences between these two pieces of research, they generally corroborated each other's findings (see Table 2 below).

Other related research findings of note are:

- high workload exacerbates the negative impact of ill-treatment.
- workers with low self-esteem are more vulnerable to general mental strain, physical illness and becoming a bullying victim.
- those aged between 25 and 34 are both the likeliest recipients of ill-treatment and the most likely to perpetrate it.
- there is little or no difference in ill treatment levels for males and females. Women are found to be more likely to be ill treated by other females.
- black or mixed ethnicity workers are more likely to experience unreasonable management, while Asian workers are more likely to experience incivility or disrespect.
- witnessing ill-treatment serves to undermine the implementation of policy and increases workers' fear that they will be next.
- the effective implementation of policy and procedure lies with first-line management.
- middle management can sometimes be in conflict, in terms of implementing policy and tolerating ill treatment when it is in the organisation's interests: this demands clear leadership from senior management.

Workplace ill treatment and bullying can have severe mental health repercussions, triggering serious and persistent underlying disorders⁵. The British study found that after six months, workers suffering ill-treatment developed symptoms of emotional exhaustion, general mental strain and physical health (including a higher prevalence of musculoskeletal complaints). Mistreated workers exhibit poorer productivity, higher sickness absence and may eventually leave their organisations. It is a causal factor for presenteeism and loss of talent. It is a moral duty and beneficial for organisations to ensure that their workers are happy and productive at work. In some countries it is a legal requirement.

All organisations participating in this research had policy and procedures to manage ill treatment. However, the Irish research identified that middle managers did not always effectively implement them, due to a reluctant to manage and report ill treatment incidents or complaints. They are often unwilling to have the difficult conversation with workers. Some prefer to ignore an ill treatment report in the hope that the issue will either go away or resolve itself. Both pieces of research found that any reported ill treatment must be dealt with promptly. If a worker feels that they have been treated unfairly, dismissively, rudely or belligerently it will have a negative impact on all subsequent communication. Workers will not use policy or procedure if they don't feel safe using it, or believe their report will not be treated confidentially.

A worker will lose hope that their issue will be addressed when it is clearly ignored, or poor reporting means it doesn't get heard. It leads to a general belief that action will not be taken, undermining confidence in the policy and procedures. This can eventually lead to the normalisation of ill treatment in the organisation and even the generation of a toxic culture.

The British research made a clear link to previous work by the UK Health and Safety Executive on work design and management standards in the workplace. It argued that the effective management of demands, control, support, relationships, role and change will all reduce the risk of ill-treatment being present in the organisation. These are the same factors that need effective management to mitigate stress risk.

HSE management standards⁶

Demands – this includes issues such as workload, work patterns and the work environment

Control – how much say the worker has in the way they do their work

Support – this includes the encouragement, sponsorship and resources provided by the organisation, line management and colleagues

Relationships – this includes promoting positive working to avoid conflict and dealing with unacceptable behaviour

Role – whether people understand their role within the organisation and whether the organisation ensures that they do not have conflicting roles

Change – how organisational change (large or small) is managed and communicated in the organisation

	Experienced		Witnessed	Perpetrated (admission)
	Ireland	UK	Ireland	Ireland
Ill treatment	43%	54%	47%	17%
Unreasonable management	37%	47%	42%	14%
Incivility or disrespect	31.3%	40%	38%	9.5%
Physical violence	2.6%	6%	5%	0.5%

Table 2: Interviewees reporting ill treatment

The Irish research described three case studies and found different determinants for ill treatment.

Case Study 1

VORG1 is a charitable, non-statutory, voluntary organisation providing social care support and services to clients with a wide range of disabilities. It is client-centred and employs 700 people including clerical, transport and maintenance, professional care workers and therapists. It has a large volunteer programme.

The research identified that even though the organisation had many policies, key aspects were missing that were needed for the prevention of ill treatment and the effective management of complaints. Policies were bureaucratic and were not implemented effectively in the workplace.

A strong and consistent theme was how ill treatment revolved around management difficulties. Managers were not managing well, and workers were resistant to being managed. Workers indicated that complaints were not being dealt with adequately, or not at all.

A third key finding was that the organisation had to return to its core values to improve. Workers called for improvements in trust, respect and education on ill treatment.

Case Study 2

PBS2 is a public service organisation that provides local government, administration and a range of services. It has a staff of 1,200 including elected and paid staff who work in five Divisions. Workers include a wide range of professional, technical and administrative staff, including indoor and outdoor workers

In respect of ill treatment, key deficiencies were found in the organisation's policy structure, with no declarations on commitment, the right to dignity and non-tolerance of bullying; no links to disciplinary or grievance procedures; and no description of how to manage investigations.

The culture of the organisation was seen to be an important determinant of ill treatment and how it was responded to. An autocratic culture of conformity and obedience was observed. Worker comments indicated it was dated, punitive and without proper accountability. Clear direction and commitment was needed from the top of the organisation.

The need to provide early and proactive intervention was identified. Reasons given included poor general management training on subjects such as how to avoid ill treatment and deal with complaints.

It was found that ill treatment was inherently problematic in the context of the workplace. It can take time and courage to make a complaint about a colleague. The victim was often fearful of how the alleged perpetrator may respond when they are informed. It was felt to be a high-risk strategy, but there was no alternative.

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Case Study 3

STH3 is a statutory health service provider. It employs 3,800 people, including managerial, administrative, professional, technical and operative staff providing services at two sites in its region. It is part of the national acute healthcare structure. Financial and other resource challenges and pressure from increased demand are all seen to influence how staff are treated.

Deficiencies like those in Case Study 2 were found in the policy structure. Policy was reported as being too long, hard to understand, overly legalistic, full of jargon and not user-friendly. Managers were not trained in their content, resulting in inconsistent application. The perception of what ill treatment is and its prevalence was found to depend on where the person works in the service and who they work for. Whether or not a worker felt that they belonged to a clique seemed to be a strong determinant a worker's belief that they were a victim of ill treatment. A key element was a frustration at the remoteness of management and an apparent lack of praise, affirmation or recognition for the work done.

While workers were familiar with policies and procedures, they complained that they were not implemented effectively. The culture of the organisation delivered a strong sense of hierarchy, formality and rigid traditional practices. Participants believed these were important factors for perpetuating the ill treatment. Workers felt powerless in a regime of being expected to do just as they are told. Anyone making a complaint was labelled a 'trouble maker'. Workers had become fearful for their job and about potential ill treatment if they did make a complaint.

There was some confusion about responsibility. Managers believed that the human resources function was responsible for resolving complaints. The human resources team saw the complaint as a local issue for resolution by the manager.

What this means in practice

There are three areas an organisation can work on to reduce the risk of ill treatment. First, an organisation must develop a robust policy.

In doing so, it should:

- communicate a clear commitment to preventing ill treatment in its workplaces. Workers must believe that the policy is meaningful.
- develop its policy in full consultation and partnership with its workers. This makes its content more transparent, improves workers' confidence in it and makes it more likely to be used.
- make a senior individual (or office) accountable for the delivery of the policy. While all managers have a responsibility to implement the policy, one manager in authority needs to be accountable for it to ensure that it is implemented well.

- clarify who is responsible for doing what to implement the policy. Managers and workers cannot be held accountable for their actions unless their responsibilities are clear.
- write simple, unambiguous procedures, with reasonable timelines for action described at each stage. This reduces the opportunity for managers to ignore reports and maintains worker confidence that their complaint is being properly considered.

Second, an organisation can work to develop awareness and more robust management systems by:

- providing training for employees on how to report incidents
- providing management training on how to deal promptly with reported incidents, including how to conduct sensitive conversations with the victims of ill treatment

- including ill treatment in exit interviews
- developing processes for rebuilding relationships when they have been damaged.

Third, the research clearly shows that optimistic and self-reliant workers generate a positive culture that mitigates the risk of ill treatment. Workers need to believe that they:

- have a say in the decisions being made
- can influence the pace of work, especially during times of high demand
- are supported by managers and colleagues alike
- are treated respectfully as people and as valued co-workers.

Good leadership and good morale are of vital importance.

Recommended to-do list

When reviewing your organisation's performance in managing the risk of ill treatment, you may wish to consider the following.

Do you know where you are?

Without knowing the starting point, it is difficult to know if the implementation of any plan to reduce ill treatment has been successful. An evaluation is needed, perhaps using the ill treatment checklist tool to mark where you are starting from.

Have you identified the stakeholders?

It will be difficult to make real progress without the full engagement of key stakeholders from other departments. Persuading operations, occupational health, human resources, line management and employee representatives to get involved from the very start will ensure greater success. By acting together, all stakeholders will believe they have had influence and will more readily take joint ownership of the solution and its effective implementation.

What should be in your policy and procedure review?

The policy needs to make a clear statement of intent about the eradication of ill treatment in the organisation. A clear declaration of non-tolerance, whatever the source, can be considered. The policy must state which senior manager, director or office will be accountable for the implementation of the policy and what responsibilities different levels of management have in delivering it.

The organisation will need to consider how an ill treatment policy may link to other areas. This may include policies and procedures on grievance and complaints, codes of conduct, rights at work and preserving dignity at work.

An ill treatment procedure must include how:

- an employee can raise a complaint
- confidentiality will be protected
- the complainant will be protected from victimisation
- an impartial manager will be appointed to manage the case
- an agreement of who, why, what, where and when is made with key stakeholders in the process, including response times at different stages
- it can be extended to include working off site and behaviour at social events.
- relationships may be repaired following an incident.

Any policy and associated procedure must be transparent. In other words, they must be readily available and easily understood by any employee who wishes to refer to them. There must be no surprises about what happens next when dealing with an ill treatment complaint. Procedures must have a clear timeline, with participants being required to adhere to it.

Have you ensured that workers are competent?

Consider who needs to be knowledgeable and about what aspect of your ill treatment management arrangements. Ask yourself:

- what does an employee need to know about the ill-treatment policy and procedures and how will we deliver that?
- how will we ensure that line management understands what to do if an ill treatment complaint is made?
- are line managers suitably skilled in conducting a sensitive conversation with a worker who believes they have been ill treated?
- what training will be needed, what are the key learning points and how will this knowledge be delivered? How will competency be assessed, post-training?
- how will senior management be briefed and how do they demonstrate their commitment to the zero tolerance of ill treatment in the organisation?

What should I include in my planning?

The use of the ill-treatment checklist tool to assess the starting point will indicate where performance may be improved. Additionally, stakeholders can provide valuable insights into how things can be managed better and the situation improved. Where possible, the plan should incorporate other work streams such as stress management, diversity programmes and the continued professional development of the management team.

What do I communicate?

Once it is clear what needs to be done, who is to do it and by when, this plan should be communicated throughout the organisation. Communications may need to include an explanation of what ill treatment is as well as what needs to be done.

What do I include in my review?

Once your plan has been implemented, you need to demonstrate that the effort has been a success. The ill treatment checklist tool can be used once more to provide evidence that the initiatives have been successful. Stakeholders should be included in this review to obtain a wide range of views and identify any next steps.

Procedures must include how performance data from absence records, exit interviews, regular surveys, training attendance records and cases will be used for reporting.

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Happy workers are productive people

There are many claims that happiness makes people more productive at work. For instance, a study under laboratory conditions at Warwick University⁷ found that happiness makes people about 12 per cent more productive. The same study also indicated that unhappy workers are about 10 per cent less productive.

Many global businesses attribute their success in part to people who are mentally as well as physically healthy. In the publication *Healthy People = Health Profits*⁸ the following quotes are provided:

“AstraZeneca recognises that employees are our most important resource, and their welfare is essential to maintaining the highest standards. We believe that people are at their most productive and creative when they are in an environment where they feel positive and enthusiastic about their job, with a clear understanding of their role and confidence in their ability to meet their individual targets. Management of health and wellbeing issues is an important element in developing and maintaining such an environment.”

Sue Connelly

Global Health & Wellbeing Manager

“At Google, we know that health, family and wellbeing are an important aspect of Googlers’ lives. We have also noticed that employees who are happy and healthy, as well as respected and rewarded for their contributions, demonstrate increased motivation and productivity. From both a work-life balance as well as a job satisfaction perspective, our programmes work to ensure that Google is and remains an emotionally healthy place to work.”

Lara Harding

People Programs Manager

Any investment of resources to eradicate ill treatment is likely to be rewarded by improvement in productivity, skilled and experienced worker retention and reduced costs (for example, less overtime needed, less dependence on agency workers).

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