

# Bullying and Harassment in the Workplace

Prevention & Early Intervention

Dr John Mc Dermott

Faculty of Occupational Medicine



FACULTY OF  
OCCUPATIONAL MEDICINE

# Occupational Physician (OH team)

- Specialist interest in work-related illness
- Close liaison with employers, employees (and representatives), with regard to healthy work practices.
- Independent source evidence-based medical advice
- 1<sup>st</sup> Point of contact for workers in difficulty



# What is Bullying & Harassment

- ‘Repeated, inappropriate behaviour whether direct or indirect, verbal, physical or otherwise, conducted by one or more persons against another at their place of work and/or in the course of employment, which could reasonably be regarded as undermining the individual’s dignity at work’



# Examples

- Verbal Comments
- Unfair criticism
- Humiliation
- Constant ridicule
- Undermining
- Pestering/ stalking
- Exclusion
- Physical abuse
- Intimidation
- Spreading rumours
- Excessive monitoring
- Treating less favourably than colleagues
- Withholding work-related information



# Prevalence of Bullying (ESRI 2007)

- 1/12 (7.9%) ? 159,000 workers
- Women > men (10.7% V 5.8%)
- Employees > self-employed (8.9% V 2.9%)
- Public sector > Private sector
- Education, Public administration, Health & Social work, transport & communication.



# ESRI Study 2007

- Organisational 'change'
- Presence of formal policy on workplace bullying 'protective'
- Organisational factors > individual factors



# Case History 1

- Helen, 28 year old bank secretary
- Oct 1997 -Joined company
- Dec 1997 - complaint of bullying ... ‘ a fact of life, simply something you would have to put up with’
- ‘Mean and spiteful behaviour’



# Case History 1

- Ignoring, ‘silent’ treatment
- Laughing out loud/ ‘rasperry’ noise
- ‘Excluded her from social activities’
- ‘Hid her post’ / ‘didn’t give her messages’
- ‘Greeted other visitors in an exaggerated fashion’
- ‘what’s the stink in here ?...its coming from over there’
- “did you see her face, we nearly made her cry today....”



# Case History 1

- 2000 -official complaint of bullying to HR dept
- 10 sessions of counselling
- Whole team sent for 'harassment awareness'
- Helen sent for 'assertiveness training'
- Oct 2000,'acute relapse anxiety/depression'.. admitted to psychiatric unit. Returned to work briefly (Mar 2001) but relapsed (Oct 2001) and never returned to work



# Case History 1

- Promoted during her absence, job kept open for 2 years
- Court Case ...effectively no contest
- €1.2 million damages
- Employer did 'too little too late', should have intervened early at the first signs of bullying
- Helen Green V Deutsche Bank UK 2006



# Case History 2

- Brian is 31 year old accountant
- Joins a successful firm.
- Supervisor...manager....Director.
- Quiet, reliable, conscientious, non-confrontational
- Greg is transferred to his team, known to have an 'abrasive' style of management.



# Case History 2

- Greg accuses Brian of ‘not answering an e-mail fast enough’
- Greg begins to deal ‘directly’ with Brian’s staff
- He entertains ‘criticisms’ of Brian managerial style
- He narrows Brian’s involvement in projects



# Case History 2

- He rearranges all his work, to diminish his responsibilities
- He dismisses his suggestions in meetings and encourages the junior staff
- He refers to 'punishment' in an e-mail.
- Meeting arranged, CEO/President



## Case History 2

- ‘Brian you are doing a great job, we want you all to work together. We are going to increase your salary by €30,000’.
- Brian feels vindicated
- Things OK for a while, but eventually he realises he can’t continue.



# Case History 2

- Anxious, tense, less confident, not as productive
- Reduced appetite, lost weight, poor sleep
- 'Vomited' everyday (either before or during work)
- Never attended a doctor, no sick leave, never reported to HR



# Case History 2

- Presents to a colleague in a distressed state
- No other directors position available. Takes a 'manager's' position. (holds salary)
- Can't tell anybody in the organisation
- Takes 2 years to get back to 'Director'



# Discussion Points

- Victim/ 'target' presents the 'problem'...not the bully.
- The only option is to 'escape'
- Managers unable to deal with the problem
- Early intervention is crucial
- Co-workers should be encouraged to report ('silent accessory's')
- Legal options limited.



# Discussion Points

- Organisational policies are protective
- Risk assessment/ safety statement
- ‘Dignity at work Charter’ (HSA)
- Code of practice on Workplace Bullying (HSA)
- Consultation: induction, Health & Safety days, education on appropriate behaviours..

