Fevre, Ralph, Duncan Lewis, Amanda Robinson, and Trevor Jones. "Fairness and Rationality at Work." *Trouble at Work*. London: Bloomsbury Academic, 2012. 37–60. *Bloomsbury Collections*. Web. 26 Apr. 2023. <<http://dx.doi.org/10.5040/9781849664677.ch-002>>.

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Fairness and Rationality at Work

Half of the British workforce experienced unreasonable treatment, the first factor identified in the introduction to Part Two, in the two years before our survey. Nearly a quarter experienced three or more different kinds of unreasonable behaviour, and one in 10 put up with five or more kinds.¹ It was unreasonable treatment, rather than disrespect or violence, which employees were more likely to say had the most effect on them. Of the six types of negative experience that they said had the most impact, four were types of unreasonable treatment. Having an unmanageable workload was said to have the most effect by more than one in five of those experiencing ill-treatment and, having their views ignored was mentioned by one in 10.

Unreasonable treatment can threaten well-being; for example, it can frustrate employees' efforts to increase earnings, achieve promotion or make their working hours a better fit with the rest of their lives. Yet unreasonable treatment did not have the worst effects on employees' health or well-being (including their finances and their relations with family and friends) in our survey. As we shall see in Chapter 3, disrespect generally had worse effects than either unreasonable treatment or violence in the workplace. We cannot therefore be certain what people meant by saying unreasonable treatment had the biggest impact – 'impact' might, for some, even be a positive thing – but we strongly suspect that many employees felt that unreasonable treatment had the biggest impact on how they spent their time and on what they learnt about themselves and their workplace. Employers measure this impact with concepts such as 'organisational commitment' and 'employee engagement' – the kind of thing they have in mind is illustrated by the views of several employees we discuss in the qualitative studies in the second half of the book. They said that, where they had once been proud to dedicate their working lives to their employer, they were now thoroughly demoralised by the unreasonable treatment they had received.

Research evidence confirms that British employees have a strong expectation that employers should behave rationally (Fevre, Grainger and Brewer 2010). They expect employers to set them goals and help them identify means to achieve them (Walker and Fincham 2011). These can be internal goals, such as the most efficient use of human or non-human resources, or external goals like the provision of a quality service or product. Both kinds of goals are frequently quoted in company websites and literature, in employee training and as part

of performance management. For example, amongst its many goals, Transport for London promises to 'ensure that its staff are competent to perform their roles' but also to 'maintain robust systems for identifying and evaluating all significant risks'. British Telecom promises to 'create a diverse and inclusive work environment' and to design 'sustainable products and services that help our customers to effectively tackle social and environmental challenges'.

People do not like it when their expectations of rationality in the workplace are not met. Psychological research shows that employees have greater job satisfaction² when they are clear about what they are supposed to be doing – and this will involve knowing who they report to, and who reports to them, as well as what their duties are – and get recognition for doing it well (see the discussions of job/role conflicts and particularly Roscigno, Lopez and Hodson 2009 in Chapter 1). Unreasonable treatment has the potential to disrupt all of this cognitive underpinning of job satisfaction. We suspect that this is an important factor in the thinking that led employees to say unreasonable treatment had the biggest impact on them.

Our case studies illustrated some of the effects people had in mind; for example employees told us of the frustration they felt at not getting the information they needed to do their jobs properly. In this extract from one of our interview transcripts, a Banco employee, a man in his fifties, illustrated his frustration at the futility of rules regarding the use of his mobile telephone that interfered not only with his ability to do his job well but also ultimately cost the company business:

I have to have a company mobile; I can't have my own anymore. Now I have got hundreds of clients, thousands of clients who have got my mobile number, but I can't have that because when I leave I am [allegedly] going to take all these clients with me. What a load of rubbish. So I have had rows with them, so now I have got a company mobile, a flipping great lump in my pocket. Nobody rings the company one, they ring this one [his personal mobile] because that is the number I have given them, and if I divert the calls from this one to that one it costs me money.

The irrationality of this kind of treatment was maddening, and it could be equally maddening trying to achieve the objectives set by employers if employees were given unrealistic deadlines or no clear order of priorities. A female doctor in her forties described her frustration with irrational management expectations working for Westshire NHS (National Health Service) Trust:

And so X is overbooking clinics and keeps going on at us about doing more work, we're not hitting our targets, we've got to hit our targets, we've got to do some overtime. And waiting list initiatives are becoming, you know, what they're supposed to be, occasional extras. Yet I'm signed up to do every Saturday morning between here and the summer. I think it's unreasonable that ... And if you don't do it there's an implied management pressure. I said, 'Well you haven't tried to help us out with our waiting list targets. Why the bloody hell should I give

up my Saturday mornings?’ But I have done because my patients are suffering. And my patients are suffering because Westshire won’t employ enough doctors and nurses and clinics and things like that. I mean when I say doctors, they won’t employ enough staff to get through the work. And that has definitely got worse over the last couple of years. But it’s because the waiting times’ targets have come down [i.e. government required hospitals to reduce patients’ waiting times].

Sometimes employees were incensed because they believed that what had happened to them was illegal or, at the least, a flagrant breach of procedure, but more often they commented on the unfairness of what had happened to them. They knew of other employees who were not treated in this way – who were not denied recognition, who were not ignored, for example – and could not see a reason for it. At Banco, a young Asian male in his twenties outlined his frustrations at not being recognised for going the extra mile:

I mean the problem that I do have is, sometimes, I don’t like the fact you don’t get recognised well. It’s like, I make use of my languages, when a claim comes through if the person can’t speak Asian, Punjabi, Urdu, Chinese, I’ll speak to them. And once I’ve cleared that call they are very thankful, I feel very happy but that’s it. Who else is to know what I’ve done? What have I achieved? It’s not like the company would have done it without me helping because there is another Chinese person who works here, but he can’t speak Chinese so he always asks for my help. So in that sense I would like to be recognised.

For many people, the sense of unfairness and irrationality was compounded by a feeling that the organisation they worked for had no way of taking account of them as an individual. For example, they may have felt that they had been a model employee over a long career, and they needed their employer to recall their individual contribution at a difficult time in their lives or in the life of the organisation. If they were looking for ‘special’ treatment, it was not special in the sense of favouritism or patronage, but special in that it recognised that one employee did not have the same gifts, or values, as another. In some particularly difficult cases, individual treatment did mean that employees had different *needs*.

The existing literature on dignity at work (Bolton 2007; Hodson 2001; Hoel and Beale 2006; Peyton 2003; Rayman 2001) attempts to theorise some of the issues at stake here. In this literature, dignity is usually conceived as requiring respect (e.g. from an employer), self-respect and, sometimes, a degree of autonomy. We discuss autonomy below, but what this literature tends to leave out is the way in which employees take a great deal of persuasion to be convinced that their employer is *not* treating them reasonably. We suspect that, especially in the lower levels of organisations, employees believe that, even if they cannot discern the reason for what has happened to them, there must be a reason because the context in which their organisation operates demands it. True, this is more likely to happen in the private sector where (or so people imagine) markets will dictate rational behaviour.

The public and third sectors have to rely more on bureaucratic rules, and the judgement of professionals and managers, but there are also public, and even statutory, duties, audit and oversight, to keep such organisations rational (Fevre 2003). For these reasons, employees very often do as they are told while being determined not to reason why they should.

Of course, they do not mind covering some menial tasks because they assume that they are thereby saving on a greater cost that outweighs the temporary loss of their skills to the employer. Nor do they usually mind someone checking up on their work when it is not necessary. It would be nice if the organisation did not judge everyone by the standard of the least productive and competent, but perhaps it is better to be safe than sorry. Nor do employees mind coming in at the weekend now and then to meet an impossible deadline. As a line manager in Strand Global Systems told us, 'some of the guys in the team have been there for 40 years ... I guess their expectation is that these things are always going to be late. They're always going to be asked to do something a little bit special.' It takes a significant loss of trust for employees like these to think to question whether their employer had enough people on the payroll to meet its order book.

People higher up in their organisations may be a little more cynical about the power of markets or bureaucratic imperatives to keep their employers rational; nevertheless they expect that, if they can find it anywhere, they will find rational behaviour in the workplace. It is in this light that we should understand people's complaints of unreasonable treatment. Finding that there is no rhyme or reason to decisions, that counterproductive behaviour is rife, that money, time and effort are frittered away, is not what people are meant to find. But when people do begin to believe that they have been unreasonably treated, this is the territory they find themselves in – a strange and unsettling world in which markets and professional managers and public oversight do not apparently make organisations behave rationally – and they often find it both frustrating and upsetting. Most often, they also believe there is nothing they can do to change this. Their frustration at seeing the wrong things done or the right things omitted – service worse than necessary, equipment or talent going to waste – is made keener by their impotence. Indeed, as indicated here, it is with unreasonable treatment that we get most questioning about whether the employer is meeting the external targets set: are they selling the right financial products to people, and are they spending the taxpayers' money wisely?

Figure 4 shows how many employees experienced unreasonable treatment over a two-year period, but it does not tell us whether this was something that happened rarely: working late to maximise sales in the pre-Christmas rush, doing one's own photocopying when one's assistant was on holiday. Most employees thought that their experience of unreasonable treatment had been less frequent than once a month, but a proportion – never less than one in five, and nearly a third for unreasonable workload – of employees' experiences of

Figure 4 Unreasonable treatment

eight types of unreasonable behaviour were at least weekly, and possibly daily, occurrences.³

As we would expect, employers, managers and supervisors were far more likely to be responsible for unreasonable treatment than either co-workers or customers (including clients). For example, we collected data on over 1,300 incidents of unreasonable treatment from those we call the troubled minority.⁴ About two-thirds of these incidents were blamed on employers, managers and supervisors (from here on we shall call this group ‘managers’). The next most important group to which blame was attached for unreasonable treatment was co-workers, but these were a long way behind, accounting for about a fifth of the incidents of unreasonable treatment. Co-workers in particular were likely to be responsible for withholding information which affected performance (perhaps affecting one in 14 employees), pressure to work below one’s level of competence (roughly a third of this came from co-workers), and ignoring one’s opinions and views. We can surmise from the responses of the troubled minority that they thought some of the unreasonable treatment by colleagues resulted from the way the organisation was run. It would be a little misleading to call unreasonable treatment ‘unreasonable management’, but only a little.

Analysis of interviews with the troubled minority showed that most unreasonable treatment came from serial troublemakers, most of whom were men. Because most managers are men,⁵ male troublemakers could be expected

when the troublemakers were managers, and many of the issues which were the focus of ill-treatment (work allocation, communication, supervision) were recurrent. Male troublemakers were in the majority for all eight types of unreasonable treatment but were most markedly in the majority for pressure to work below one's level of competence. For all eight types of unreasonable treatment, the vast majority of troublemakers (80 per cent or higher) were white.

As we explained on p. 30, we also asked employees whether they had witnessed any unreasonable treatment of someone other than themselves on more than one occasion in the past two years. Figure 3 on p. 34 showed that more people had experienced unreasonable treatment than had witnessed it, but the witnessing rates were quite high for some types of unreasonable treatment, particularly unfair treatment and pressure not to claim something. This was not true of improper procedures and unmanageable workloads.

The proportion of the sample who said they had themselves been responsible for the unreasonable treatment of others was very low in comparison to the number who had witnessed or observed it. The only hint of a variation from this was for improper procedures and ignoring other people's opinions. Given what was said above about the expectation that people should behave rationally in the workplace, it should be no surprise that so few people admitted that they failed to live up to expectations. That people were more prepared to admit that they had failed to use proper procedures, and ignored others, may indicate where the most obvious conflicts in rational expectations were to be found. One might fail to use proper procedures if given a good reason to do so, and ignore the opinion of others if it was thought that they did not understand the objective. In any event, these low percentages remind us how foolish it would be to write off the widespread nature of unreasonable treatment as in some way normal. The fact that so few people admit to having done it suggests that hardly anyone thinks of this as part of normal working life.⁶

As with all types of ill-treatment, those who experienced it were more likely both to witness it and to have done it themselves. As noted on p. 23, we think this confirms the advantages the 'troubled workplace' concept has over labels for individuals (for example as 'bullies' and 'victims' or 'targets') when we are trying to understand the causes of troubles at work. Of course, we have our own labels – the 'troubled minority' and 'troublemakers' – but these are meant to convey different experiences of a third factor, the troubled workplace, rather than setting us searching for the essential characteristics of troublemakers or troubled workers.

We discovered further evidence of troubled workplaces when we asked the troubled minority why they thought they had been subjected to unreasonable treatment. For all types of unreasonable treatment, most of the troubled minority chose one or more of these three potential explanations: 'your position in the organisation', 'it's just the way things are where you work' and 'the attitude or personality of the other person'. The only other explanations for

unreasonable treatment worth mentioning were ‘people’s relationships at work (e.g. favouritism)’ and ‘your performance at work’. The former was slightly more common and particularly so where employees had experienced improper procedures and/or unfair treatment.⁷

This is an appropriate point to clarify the relationship between workplaces and the organisation which controlled them. Just over half of employees said their workplace was part of a larger organisation, and a quarter said it was not (the remainder said they did not know or refused to answer). We had anticipated that most workplaces would be controlled by larger organisations, so we knew that in some questions it would be appropriate to refer to an organisation, in others to the workplace, and in others to a vaguer formula such as ‘where you work’.

Up to this point, we have been using descriptive statistics which might be encountered in marketing campaigns, and media reports of opinion polls, but we now move to multivariate analysis which allows us to control for lots of different variables at the same time. For example, if we find that unreasonable treatment is more common amongst disabled employees and public sector workers, descriptive statistics cannot tell us whether we need to look more closely at disabled workers, the public sector or both. Multivariate analysis can put everything together and tell us whether the disabled workers are only more at risk because they work in the public sector, whether the public sector is worse because it has more disabled workers, or whether it is a bit of both. Multivariate analysis can do this because it controls for every variable we put in our models.

The important lessons to learn from the multivariate analysis conducted for this chapter come in three varieties: those which refer to the individuals, jobs and workplaces associated with greater experience of unreasonable treatment. First, three characteristics of individuals were associated with greater experience of unreasonable treatment: they tended to be disabled or have a long-term illness, to be white and to be younger. Second, job characteristics associated with greater experience were earning a higher income and having managerial or supervisory responsibilities. Employees were also more likely to have experienced unreasonable treatment at work if the nature of their work had changed (or was changing), they had less control over their work, or the pace of their work had increased. Change in people’s work is certainly a job characteristic but could also be a workplace characteristic. There were also employees who said that, irrespective of change, the pace of their work was too intense, which could be also be both a job and a workplace characteristic.

Third, amongst workplace characteristics associated with unreasonable treatment, employees were more likely to experience it if their workplace was outside London. There was also a strong correlation between experience of unreasonable treatment and employees telling us that their organisations

always treated people as a means to an end (never an end in themselves). Another strong correlation was found between experiencing unreasonable treatment and feeling the organisation's goals were not compatible with our interviewee's moral principles. Strong as these two correlations were, perhaps the key predictor of the unreasonable treatment was that employees were not treated as individuals. As we suggested a little earlier, an employee's sense of unfairness and irrationality can be accompanied by belief that the organisation does not take account of the individual – of their talents, their values and, sometimes, their needs.

There is one thing to bear in mind before we fill in all the details of these findings. We have already explained that, although our funding was substantial, we could not afford to ask all the questions we wanted to find answers to in the whole sample. For example, the questions about who caused the trouble they reported were only asked of the troubled minority. That means that one of the things we were not able to control for in the multivariate analysis being discussed in the next section is who the troublemakers were.

What kind of employees experienced more unreasonable treatment?

One group of employees stood out as being far more likely to receive unreasonable treatment: employees who had impairments, including learning difficulties, or had a long-term serious health condition such as cancer or heart disease or, indeed, diabetes or clinical depression. We shall now describe this group as employees with disabilities. This group also stood out in the FTWS conducted on behalf of the UK government shortly after the BWBS (see Fevre *et al.* 2009), and for the same reason. In both surveys, the relationship between having disabilities and being unreasonably treated was beyond doubt, and the increased risk of being unfairly treated was substantial. At this point it may be tempting to conclude that this is a problem for a small minority. While employees with disabilities made up a minority of our sample, the proportion of the workforce with disabilities rises with age and, since we shall all, with luck, become older workers one day it may not be wise to write off the plight of employees with disabilities as someone else's problem.

When we simply compare those who had disabilities with those who did not, it becomes clear that some subgroups of workers with disabilities were more likely to suffer unreasonable treatment than others. Figure 5 shows that employees with physical and other health conditions were significantly more likely to be associated with unreasonable treatment than the non-disabled, but it was those with psychological problems and learning difficulties who had the most problems. Figure 6 shows what the relationships were when controlled for other factors. The association between having a disability and

Figure 5 Unreasonable treatment of employees with disabilities

Figure 6 Different types of unreasonable treatment of employees with disabilities

being unreasonably treated does not disappear, but it does become much more specific. For example, employees with psychological problems and learning difficulties were four times as likely to be treated unfairly, and employees with other health problems (those long-term conditions including the life-threatening ones) were seven times more likely to say they have been pressured to not claim something to which they were entitled (perhaps sick leave or sick pay).

It is possible that some of these relationships may be the result of 'health effects', meaning employees acquired their impairments or health problems as an effect of the unreasonable treatment they had received. For example, the imposition of unmanageable workloads or impossible deadlines might have affected the mental health of some employees. In a paper which discusses the situation of disabled employees in detail (Fevre *et al.* forthcoming), we explain that there is often a vicious spiral of ill-treatment and health problems, and it may often be a thankless task to determine which of these originally caused the other. The situation may also be complicated in some cases by the possibility that employees with health problems may be more likely to perceive behaviour as ill-treatment because of what psychologists call 'negative affect'. Someone with clinical depression, for example, may be more likely to perceive certain treatment more unreasonable than a colleague who experiences the same treatment but does not have depression. All these finer points aside, Figures 5 and 6 suggest that some employees with disabilities were simply being treated unreasonably.

If some disabled employees were very much more likely to be unreasonably treated, should we naturally assume that this was an expression of stigma and a form of discrimination (Walker and Fincham 2011)? Only a very small number of the people with disabilities in our sample considered their impairment or ill-health was a factor causing their experiences of any kind of ill-treatment at work. This was despite the fact that they could 'tick all that apply' when citing factors they felt to be contributing towards their ill-treatment. Workers with disabilities, like the majority of other types of workers in our sample, were most likely to attribute their ill-treatment to the nature of the workplace, for example, citing, 'It's just the way things are at work.'

Like the employees in our survey, we do not think that most of the unreasonable treatment we discovered was the result of managers and employers targeting people with disabilities or chronic illness in workplace hate crimes. We agree with them that most unreasonable treatment follows from a failure to accommodate people with disabilities and chronic illness in the workplace, but we are not convinced that this has nothing to do with stigma and discrimination. Some stigmatisation certainly occurred at the point when employers failed to accommodate employees who had such conditions. This was not stigmatisation of them for their disabilities but rather for their failure to meet their employers' expectations, for example, of their work and attendance (Walker and Fincham 2011). We think this is why items like

pressured not to claim due entitlements, being continually checked up on and one's employer failing to follow proper procedures loomed so large in this analysis.

We have already noted that those with 'other' disabilities or health conditions – like cancer, diabetes, hypertension, stroke, heart disease, pulmonary conditions, asthma and digestive/bowel disorders – were seven times more likely to say that they had been pressured not to claim something they were entitled to. They were also nearly three times more likely to report someone was continually checking up on them. Both employees with 'other' disabilities or conditions, and those with psychological conditions, were three times as likely as the non-disabled to say their employer had not followed proper procedures. Earlier in this chapter, we suggested that, for some workers, the experience of unreasonable treatment might be combined with what they felt to be a denial of their qualities, values and needs. We think this is particularly likely to be the case amongst such employees. Their complaints about entitlement, about checking up, and about procedures may refer, in part, to just such issues, for example, to an employer applying the most rigid interpretation of their sickness absence policy to a long-serving employee who was, up to this point in their lives, considered invaluable.

In one example from the qualitative case studies, a Britscope worker had recovered from breast cancer but suffered a collapsed lung and pneumonia. She forced herself to go back to work before being issued an official warning. Like many employers, Britscope have a policy of dismissing when three warnings have been issued to staff about absence. This woman told us you never knew what was going to happen in the future so you did not want to incur a warning unnecessarily:

I knew I hadn't been very well and I'd been to the doctor and they knew I had something. I didn't actually know it was that bad and ... they gave me a sick note ... for a week, but I went back before that ... had run out because I thought I don't want to get a warning. And of course I went to work and then they realised that I've come back and said, 'well you are still supposed to get a ... warning'. And I said 'well I've come back early, before my sick note ran out, hang on a minute'. The next thing I know, I'm escorted off the premises ... He said, 'go back to your doctor and get a sick note to sign you back off' [and then I], sign back on so I can go back to work ... On the Monday I was going back to work, I went to the doctor but I'd got really ill by then. But the funny thing was, the manager had said to me 'look I appreciate, it's off the record, I appreciate the fact that you have come back', he said ... 'We'll take that into account when I come to issue a ... warning and you do look alright.' Yeah, 'I look alright', I had a collapsed lung! Oh I got so ill in the few days after that. I was really ill and I'd gone back to work to try to make sure I saved my job.

In the way they deal with sick leave, employees returning to work after sickness absence, the management of ongoing conditions (e.g. providing time off to attend hospital or other sources of therapy), and the 'reasonable

adjustments' to work and the workplace required by UK legislation, organisations were seen to be behaving far from rationally. Confirmation of this finding was given by the Fair Treatment Survey, which showed a correlation between bullying and/or harassment and disability and that employees with disabilities were nearly twice as likely to say they had a range of problems with employment rights. Simple bivariate analysis showed that disabled employees were particularly likely to say they had experienced problems with sick leave or pay but also with holidays, rest breaks, number of hours or days they worked, pay, contracts, complaints procedures, grievance procedures, health and safety, and retirement (Fevre *et al.* 2009). While problems with employment rights do not necessarily entail unreasonable treatment, we strongly suspect that it was issues like these that much of the unreasonable treatment disabled employees experienced in our survey referred to. In such cases, we would argue, the stimulus to unreasonable treatment was the disappointment of employers' expectations which their employees believed were unreasonable given their disability or health condition.

We do not think it an oversimplification to suggest that most unreasonable treatment that employees with disabilities experienced occurred when they tried to make their work a better fit with their disability or condition. For example, they encountered it when they took sick leave or when they wanted to negotiate changes in their work to accommodate their disability or condition. It is, however, possible that subsequent changes to British legislation improved the situation documented in our survey and the FTWS. The Equality Act 2010 attempted to clear up some of the confusion surrounding 'reasonable adjustments', but it also made it possible for disabled employees to argue that an employer's unreasonable expectations amount to illegal, indirect discrimination (Part 2, Chapter 2, Paragraph 19 of the Act). If disabled employees have particular problems in respect of complaints or grievance procedures, the 2010 Act opened up the possibility that such problems may amount to victimisation (Part 2, Chapter 2, Paragraph 27).

The other characteristics that made employees more likely to experience unreasonable treatment in our survey – age and ethnicity – had nowhere near as strong a relationship as having a disability or long-term health condition, but the ethnicity effect was the stronger of the two and its direction was surprising. In multivariate analysis, non-white employees were less likely to experience unreasonable treatment. Most of this was the result of employees with Asian backgrounds being much less likely to experience unreasonable treatment than anyone else. Indeed, Asians were significantly less likely to experience half of the various types of unreasonable treatment. It is as well, at this point, to remember that most unreasonable treatment originated with managers and co-workers.

It might be ventured that, in a 'politically correct' society, people will manage their public behaviour in such way that they rule out any possible accusation

of racism. In this case, it could be imagined ethnic minority employees as a whole would be better treated, but this does not really help us to explain why the effect should only be visible for employees of Asian origin. Is it the case, perhaps, that it was less likely for Asians to be unreasonably treated wherever they happened to work, or was it because they were less likely to work in troubled workplaces? Non-white employees, and particularly Asians, were significantly less likely, compared to white workers, to witness the unreasonable treatment of others in the workplaces. This might suggest that they did indeed work in less troubled workplace and that this was why they did not experience as much unreasonable treatment. It might even suggest that Asian employees take steps to avoid taking jobs in troubled workplaces. We return to these possibilities later in the book (p. 217).

We suggested (p. 44) that getting old might be associated with an increased risk of experiencing unreasonable treatment because older people are more likely to suffer impairments and illness. In fact, once we control for disabilities and long-term conditions, increased age slightly reduced experience of unreasonable treatment amongst our sample. Increased age reduced (though not by much) the experience of six out of eight types of unreasonable treatment across the board. This was not a question of getting used to how things were in a particular job because the reduction in unreasonable treatment was not related to length of job tenure. Nor was it to do with getting better treatment with more seniority, or inducting successive generations into the culture of the workplace, because the (albeit small) reduction in unreasonable treatment continued beyond the years in which people joined the labour force for the first time.

Perceptions of treatment as reasonable or not might change with age. Older workers might know from their experiences in other jobs that the treatment they received in their current job could hardly be described as unreasonable. The age factor might also be a 'cohort effect', meaning that successive generations have been more likely to perceive their treatment as unreasonable throughout their careers. That is, people born in the 1970s will always perceive more unreasonable treatment than people born in the 1950s, no matter how old they are when you ask them. These are theoretical possibilities but throughout our analysis of the survey we have found that we have eventually tended to discard explanations of our data couched in terms of different perceptions because they do not fit other survey data or the findings of our qualitative research. We see no reason why this case should be any different, and therefore we think the simple explanation of the age effect is probably the most likely: workers are more reasonably treated as they get older, perhaps because they demand this.

One of the fitters we interviewed at Strand Global Systems was a woman in her early twenties who thought her manager was 'very ageist'. She found it 'really irritating' that he talked 'completely differently' to younger people and

treated them differently because he expected them 'to act like young people'. She felt he was also holding her back, not letting her learn and progress at her own pace and not listening to her opinions. She could not object because her career depended on his decisions. She could not be 'mouthy' because she would not get on – indeed she wanted to be a manager herself. The older employees could be mouthy because they were stuck and would never be promoted. The young woman said, 'they just baby you', and she did not like having her abilities underestimated and would have liked the chance to prove that she had learnt a lot from studying ahead on her own, but her boss was 'always spying on you from afar, he's never there knowing that you've gained this knowledge. So he's always assuming that you're still just a rookie when you're not'.

By accident, we happened to interview the assistant to this young woman's manager, so we heard his slant on what she told us about being given a menial job because she was young: 'They wouldn't have asked any of the older ones to do it because they know they would have told them to go away.' Why was she given what she called 'just child's work ... just silly'? He said it wasn't silly at all – it was all about encouraging customers 'by having a world-class workplace'. So why did the older fitters not have to do it? 'Some were quite happy to get involved; in fact a majority were quite happy to get involved, but when it comes to actually getting on your hands and knees and scraping up a bit of old tape that was on the floor, then a few people did draw the line at that. But we just honoured that.'

Being younger, disabled and white put employees in our sample at greater risk of unreasonable treatment. The survey is better able to tell us why the employees with disabilities were at risk than white workers and younger workers, but these are not the only puzzles the survey data threw up. For example, it might have been easy to assume at the outset that the members of other 'equality strands' would be more likely experience unreasonable treatment. The results for Asian employees may go a long way to explaining why non-Christians and those born outside the United Kingdom were no more likely to experience unreasonable treatment, but the fact that women were no more likely to experience unreasonable treatment could be just as much a conundrum as the surprising finding.

Which jobs were more prone to unreasonable treatment?

Like age, the level of income an employee earned in his or her job was a low-level effect but with significance across several different types of unreasonable treatment. Yet, where getting older reduced the experience of unreasonable treatment, higher income made it more likely. Multivariate analysis showed that, irrespective of age, job tenure and so on, a slightly better paying job meant putting up with a bit more unreasonable treatment. In fact it is not so

hard to imagine why earning a little more might increase exposure to someone withholding information which affects one's performance, pressure from someone else to do work below one's level of competence, pressure not to claim an entitlement or being given an unmanageable workload. The same is true of the next occupational characteristic that put employees at greater risk of unreasonable treatment.

While not being as big a risk factor as having a disability, having managerial or supervisory responsibilities clearly increased the likelihood of unreasonable treatment, particularly having one's views and opinions ignored, bearing an unmanageable workload and finding one's employer failing to follow proper procedures. Clearly, employees who did not have managerial duties might well be less likely to expect their opinions to be taken into account and less likely to know what procedures were used and what proper ones would look like. This was, after all, implied earlier in the chapter when we suggested that higher level employees might have lower expectations of rational behaviour. Similarly, it might not be hard to see why employees with managerial responsibilities, like employees with greater incomes, might be at greater risk of unmanageable workloads or impossible deadlines. As one of the senior managers from Strand said, these were a normal part of 'the management challenge'.

Now, as in the previous section, we think it is worth pointing out which findings our data did not produce. In this case we did not find that those who were in the worst jobs received the most unreasonable treatment. Once income and managerial duties were taken into account, the type of occupation they were in did not matter at all. There is nothing here to suggest worse treatment of the vulnerable, the marginalised or those who have few options in the labour market.

Which workplace and organisations were more prone to unreasonable treatment?

We have already noted on p. 45 that measures of organisational change can be considered a workplace characteristic as well as an occupational one. Change in the workplace creates plenty of opportunities for unreasonable treatment; indeed, organisational change may itself be unreasonable for some employees. It is therefore not a surprise that all three of the measures of change in our survey were predictors of unreasonable treatment. The strongest effect overall was where employees said they now had less control at work. This was also a very general effect, significant across seven of the eight types of unreasonable treatment. It is perhaps not surprising that losing control over what one does at work should be correlated with someone continually checking up on one or one's work when it is not necessary. On the other hand, having less control was just as strongly correlated with being treated unfairly. We need to remember that this finding is very definitely about employees having *less*

control than they used to have, because whether an employee had a lot of, or very little, autonomy in deciding the amount, pace and choice of work, or the quality of what they did, made no difference to his or her chances of suffering unreasonable treatment.

Employees who said that the nature of their work had changed, and/or the pace of their work had increased, were also more likely to say they had been unreasonably treated, but the correlation was not as strong and covered fewer (three) of the eight types of unreasonable treatment. One other question provided further evidence that change was a less important factor in unreasonable treatment than the feeling that work was out of control. Those employees who thought the pace of their work was too intense were a lot more likely to say they had been unfairly treated than those who reported that the pace of work had increased or the nature of their work had changed. Again it is no surprise that saying the pace of your work is too much for you is correlated with an unmanageable workload but, once more, the correlation with unfair treatment was also strong.

It is also worth pointing out that these correlations held irrespective of whether people felt they had less control over the pace of their work, whether they or their manager decided how much work they did or how fast they did it, and whether or not they had control over quality. This raises the interesting question of how much of the connection between high-intensity work and unreasonable treatment involves employees who are driving themselves to work harder, perhaps because they are complying with normal expectations of their jobs. We have already heard of the shop-floor workers at Strand who were expected to do ‘something a bit special’ for their employer every so often. It is worth adding that some of these workers did not bother to claim back the time in lieu earned in the process. The trade union convenor for shop-floor workers told us that ‘[s]ome people do not want to take holidays even. We have to force them to take holidays’. In fact the company had once used this fact, before the law changed, to argue against the union in a negotiation over holiday entitlement, and ‘when we used to get paid up front, there were people who booked their holidays and then come into work, have the money and then work the week as well. Oh aye. You wouldn’t believe it’.

In the introduction to this chapter, we suggested that the key predictor of the troubled workplace seemed to be that individuals did not matter there. In the survey, we measured with the following three questions the degree to which this applied to the places our interviewees worked:

- 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 as individuals.

Large minorities of the British workforce agreed with one or more of these statements: 39 per cent said the needs of the organisation always came first, 30 per cent maintained they had to compromise their principles and one in five stated that people were not treated as individuals where they worked. Even though so many people agreed with them, we have found these three questions to be most important to the diagnosis of workplace problems that we have given them the collective acronym of FARE questions, standing for FAirness and REspect (also see Walker and Fincham 2011: 61–2).

Figure 7 shows that there was some variation in these results between industries, with employees in utilities and public administration and defence tending to be more critical across the board. We had initially imagined that the more critical responses would be in the private sector, so the results for public administration were surprising. Overall, the private sector did come out worst in the FARE questions but, while people were less likely to say the needs of the organisation came first if they worked in health and social work or (especially) education, employees in health and social work were more likely than those in most other industries to feel they had to compromise their principles. Health and social work employees were the only ones who were more likely to say they compromised their principles than they were to say the needs of the organisation always came first (something worth bearing in mind in Chapter 7). Employees in education were, however, amongst the least likely to think they had to compromise their principles or were not treated as individuals.

We would argue that the FARE questions may be a better guide to the existence of troubled workplaces than conventional questions about job

Figure 7 Fairness and respect (the FARE questions) in different industries

satisfaction, bullying or stress. For example, once we controlled for things like the difference in FARE scores between industries, all three questions were significant for all eight types of unreasonable treatment, and employees who thought people were not treated as individuals were twice as likely to report one or more types. This was the strongest predictor of unreasonable treatment across the board in our model, stronger even than having less control over one's work or having a disability. The second FARE question about compromising one's principles was just as strong as having less control and stronger than having a disability.

Of course, there will be some unreasonable treatment where the FARE questions do not indicate whether an interviewee works in a troubled workplace. We would argue that it is these, rather less frequent, situations in which the more individual, psychological or clinical models of bullying and/or stress might apply (Walker and Fincham 2011). More sociological researchers should be trying to understand the characteristics and underlying causes of troubled workplaces. This is not to say, however, that they should neglect those factors such as disability, managerial duties and reduced control over work, which were correlated with unreasonable treatment even when we controlled – as we did in all our multivariate analyses – for the answers to the FARE questions.

As we shall see in Chapter 3, the FARE questions were strongly correlated with measures of incivility and disrespect. We also suspect the FARE questions predict when employees are dissatisfied with the service their employer gives to clients and customers, or feel the organisation they work for does not contribute to the public good (perhaps they feel it is involved in corruption or environmental degradation). These are all potential indicators of the troubled workplace, just as unreasonable treatment is, but none of them explain what the source of trouble is. The case studies discussed in Part Two are designed to help us with this, however.

The other workplace characteristic which predicted unreasonable treatment in our multivariate analysis was the region in which the employee lived. Those who were resident in any region except London, but particularly Yorkshire and Humberside, and Wales, were more likely to report unreasonable treatment. The differences between regions were startling and quite unexpected. Employees in every other region than London were more likely to say their opinions and views were ignored, and they were subjected to unnecessary checking, denied entitlements, given unmanageable workloads and their employers did not follow proper procedures. Employees in Yorkshire were five times as likely as those in London to say they had an unmanageable workload and four times as likely to say their opinions were ignored.

As with the results for ethnicity, it is possible to come up with some suggestions as to why the results for region might have something to do with troubled workplaces. We know that very little unreasonable treatment

originated with clients and customers. We might guess, therefore, that someone who was in a job where the behaviour of clients or customers was a major factor in determining the quality of their working lives would be less likely to report unreasonable treatment. It might matter more to them than what their managers did. Indeed, their managers might also be focused on customers and clients and used to judging whether organisational goals had been met through monitoring customer feedback. This is not always the case, even in a 'customer-facing' role in an organisation like Banco which prided itself on the standards of service it achieved. Here, a male employee who worked in one of their customer service centres a long way away from London explained how taking too long over the delivery of a service to customers caused him difficulties in meeting managers' expectations:

So once you have taken a call this clock appears on your screen, starts ticking. As soon as you are three or four minutes in [to the call], you are not available to take another call, [the clock] alerts and then it goes red. The manager's screen will be able to see that, and then you are challenged why you are not taking a call. If that is a certain percentage that is enough to ruin your performance, and it will be looked at. So you would fall down the ladder and after three periods of not achieving those targets you would be then taken into some disciplinary action, whether it be informal or a formal decision to potentially relieve you of your duties.

So what we need to do or what our role is, putting the customer first, making sure the customer experience is fantastic, we are putting them at the heart of our business decisions, we are showing empathy, you know that type of thing. How to fit that into our everyday role when we have our targets to meet, and we can't be not taking a call for a certain percentage of our day without it being detrimental to our overall performance. The two things don't meet and that is what seems to be the general sort of feel amongst all employees.

If we assume that people who worked in London were more likely to work in jobs where clients and customers were a more important factor in the quality of their working lives, the fact that Londoners were less likely to report unreasonable treatment might well have nothing to do with managers in London being more reasonable. It could simply reflect the fact that clients and customers were more important factors in the kinds of jobs done by Londoners.

The troubled minority

It is a good bet that unreasonable treatment of the troubled minority will not have the same correlates as unreasonable treatment within the wider sample. People who have experienced three or more types of unreasonable treatment are more likely to be in a troubled workplace to begin with, so the factors that distinguish troubled workplaces from untroubled ones will

not show up strongly, or at all, in an analysis of the ill-treatment received. In the multivariate analysis of the troubled minority, we are not looking at the things that distinguished a troubled from an untroubled workplace – we have already distinguished them – but are looking at the things that explain who had the worst experience inside troubled workplaces. An example may make this clearer. If we imagine that Welsh people, or people with degrees, avoid working in troubled workplaces, and quit if they find themselves in one, these people will show up as less likely to be ill-treated in a national survey like ours. This does not mean, however, that Welsh people, or people with degrees, have an easier time when they do find themselves in a troubled workplace. They may actually suffer more ill-treatment – indeed, this may be why they avoid and leave such workplaces – but this difference would not show up until we looked at the troubled minority on its own.

First, what kind of employees experienced the most unreasonable treatment within the troubled minority? We know that the unreasonable treatment of employees with disabilities was far more marked within three particular types of unreasonable treatment. Even if an employee with disabilities had experienced all three, they would be no worse off than any other member of the troubled minority because experiencing three forms of ill-treatment was the qualification for entry to the minority. In short, it is not so surprising that employees with disabilities were no more likely to be unreasonably treated than other members of the troubled minority. Women, however, *were* more likely to be but only in respect of unfair treatment. This looks fairly straightforward: women were no more likely to work in troubled workplaces, but once this is out of the way, they were more likely to be unreasonably treated in this one respect. We do not know, however, whether women employees were complaining of unfairness in comparison with men, or to other employees in general. We can come back to this question in the second half of the book, however. What we cannot even attempt to explain (beyond saying their numbers in the sample were very small) was why LGB employees were more likely to experience unreasonable workloads than the rest of the troubled minority. Similarly, white employees were more likely than non-whites in the troubled minority to experience improper procedures, but we have no idea why. This does, of course, shed a little doubt on the earlier suggestion that Asians experienced less unreasonable treatment because they were less likely to work in troubled workplaces.

In what kinds of jobs did members of the troubled minority experience the most unreasonable treatment? Managerial responsibilities no longer mattered here but income did (although only for workload – which seems fairly straightforward). And there were two new significant factors: having a university degree went with pressure not to claim something; being a trade union member went with being checked upon unnecessarily. In which type of workplace could members of the troubled minority expect to experience the

most unreasonable treatment? Since most, or perhaps all, of them were already in a troubled workplace, we would not expect the factors that separate out troubled workplaces from the rest to matter, and, for the most part, they did not. There were, however, a few surprises in store. Most of our measures of organisational change were irrelevant. Employees who reported an increased pace of work were more likely than other members of the troubled minority to experience an unmanageable workload, or someone checking up on them, but we would expect these responses to overlap anyway. This was certainly the case for super-intense work, which retained the correlation with an unmanageable workload, but here we had our first surprise.

Amongst the troubled minority, employees who reported super-intense work were *less* likely to say their views were ignored or that someone was continually checking on their work. Perhaps this is not that hard to explain because the troubled minority who reported super-intense work were also more likely to say they were not asked to do work below their level of competence and more likely not to be subject to pressure not to claim entitlements. This suggests to us that these workers were managing their own workloads with a considerable degree of autonomy. It might be too much to say they were choosing to work too hard, but the white-collar works convenor from Strand gives a better indication of what we meant when he explained why his members voluntarily worked longer hours for no extra pay: there is 'a bit of self-pressure as well, because you just can't walk off and leave all your jobs that are waiting'.

As expected, the region where the workplace was sited was not relevant to predicting the worst experiences of unreasonable treatment amongst the troubled minority, and this supports our suggestion that region was significant for the sample as a whole because troubled workplaces are more common in particular regions, perhaps for the reasons of work design discussed earlier. Nor, for the most part, were the FARE questions relevant to predicting variations within the troubled minority. We were again surprised, however, because some of the correlations for the feeling that people were treated as individuals appeared to stand on their heads once more. Inside a troubled workplace, thinking that individuals mattered made employees *more* likely to experience being ignored, someone checking up on them, unmanageable workload and improper procedures. It is hardly likely that this has anything to do with 'self-pressure', especially when pressure not to claim retained the same relationships as in the sample as a whole (employees were more likely to experience this if they felt people were *not* treated as individuals). We can rule out the possibility that a minority were interpreting the question about individuals to refer to favouritism because there was no suggestion of a positive correlation with unfair treatment here. It is possible, however, that they had in mind clients or customers being treated as individuals rather than employees. We shall return to this possibility much later in the book.

Conclusions

Multivariate analyses tell us which employee, job and workplace characteristics are ‘really’ associated with unreasonable treatment but, for many purposes, we simply need to know where the most troubled workers can be found. Where would a trade union look for unreasonable treatment amongst large concentrations of its members? In which employment sectors should a government agency, or a professional body like the CIPD, concentrate its efforts to try to reduce ill-treatment in order to get value for money? Such interventions do not have to rely on sophisticated, multivariate analyses to know where to start. Bivariate analyses, which tell us who is more likely to experience unreasonable treatment for one variable at a time, can help with this.

For example, bivariate analysis shows that the non-UK born and non-Christians were less likely to experience unreasonable treatment. This is only what we would expect – when we know how much more likely it is that white employees will experience unreasonable treatment than Asian employees – but it does allow us to conclude that we shall be less likely to find troubled employees amongst those who we might have imagined would be vulnerable because they are migrants from outside United Kingdom. Bivariate analysis also suggested that, contrary to some of the things said in Chapter 1, if we want to find workers who have been unreasonably treated we had better ask men rather than women. While this may ‘really’ be because women earn less than men and are less likely to have managerial responsibilities, the fact remains that women are less likely to experience unreasonable treatment than men. In addition, bivariate analysis showed unreasonable treatment was more likely in workplaces with lower proportions of women. While this was not a very strong relationship, these may, once more, be the workplaces where we would expect to find more people with managerial responsibilities and/or higher incomes.

The conclusion that unreasonable treatment was more likely amongst male employees adds to the emerging picture of unreasonable treatment as an affliction of the comparatively privileged rather than the most vulnerable sections of the workforce. As a mild corrective to this, bivariate analysis also showed unreasonable treatment to be higher amongst recent employees, and this was probably because younger workers were a little more likely to experience it. Recent employees may be new entrants to the labour market – and are therefore more likely to be younger – and younger people change jobs more often anyway. Employers may well find this useful knowledge to consider when managing new recruits.

Bivariate analysis of job characteristics revealed that unreasonable treatment was more likely amongst full-time workers and those in associate professional, professional and technical jobs. This perhaps reflects the multivariate results

for age, income and managerial duties. Similar factors may also explain why bivariate analysis showed that union members were more likely to report unreasonable treatment. As we have implied before, trade unions and others who want to target large numbers who experience unreasonable treatment should concentrate on core rather than peripheral workers: full-timers in fairly good jobs who are more likely to be union members already.

If the section of the population most affected by unreasonable treatment is the aspirant middle class, it is highly unlikely that the typical workplace where unreasonable treatment goes on will be a private sector sweatshop with no human resource function and no union representation, and a low-paid and low-skilled workforce. It is therefore no surprise that bivariate analyses suggested that, if we want to find troubled workers, we ought to go to small-to-medium (50–249) workplaces rather than to workplaces which are any bigger or smaller. We also ought to bear in mind that at least 50 per cent of these workplaces were themselves part of larger organisations. Unfair treatment actually became more common as size of the organisation increased. Nevertheless, it remained the case that unreasonable treatment was more likely in highly visible organisations with human resource functions, union recognition and highly skilled and well-paid workforces.

There is no odour of the backstreet about unfair treatment. We find it, in fact, in modernity's shop window. Bivariate analyses showed that industries that have the largest proportions of workers experiencing unreasonable treatment were health and social work, public administration and defence, the utilities and financial intermediation. While this may really be because these sectors had more troubled workplaces, as indicated by higher responses to the FARE questions, there could be other factors at play.⁸ Some of these industries may have been more likely to employ disabled people, for example. Others may have been more likely to employ young people, or white people, or to pay higher wages.

Bivariate analyses showed that unfair treatment was more likely to be found where employees said they did not decide how much work they did. It seems likely this was because deciding how much work one did was very closely allied to one or more of the 'real' factors at play like organisational change, the intensity of work or the FARE questions. It is still the case, however, that finding employees with little autonomy will be a practical short cut to finding trouble at work.

Finally, it is worth saying a little about our bivariate analyses of troublemakers. We would expect them to have some of the same characteristics as troubled workers, not least because we would expect them to work in the same places. By and large, this is what we found: troublemakers were more likely to have managerial duties, be full-timers, work in associate professional and technical jobs, have super-intense work, experience organisational change and did not think their organisation cared for individuals or their principles.

We also found, however, that a detailed industry breakdown showed troublemakers were spread across several industries.

The utilities and public administration were both more likely to have troublemakers, but the big concentrations were in construction and financial intermediation. These analyses used small numbers but the result for construction is intriguing. It might suggest, for example, that the managerial structure of some organisations is such that the task of re-creating a troubled workplace is quite a specialised one. In other words, that structure might only require that a senior manager, perhaps even an executive, should make a decision which results in unreasonable treatment meted out for many people. Thus one senior NHS manager can make sure dozens of people think they have an unreasonable workload, whereas, however much they want to, or have to, do it, the foreman on the building site can only make sure the workload of a small team is so affected.

This last point illustrates once more the key point we are trying to make in this chapter and, indeed, in this part of the book. For many people, and for a great deal of the time, trouble at work is not about bullies and victims or the stress endured by individual employees (Walker and Fincham 2011). It is about troubled workplaces and the sociological factors which contribute to them. So far we have isolated quite a few of these factors – age, disability, ethnicity, income, intense work, managerial responsibilities, organisational change, region and fairness and respect. It is now time to move on to incivility and disrespect, to see if the same factors carry over to a different kind of ill-treatment in the workplace.