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Permanent White Water

Located in the health and social care sector, Westshire NHS had 7,000 employees working in a mix of urban and regional settings at the time of the interviews. As with many organisations delivering public services in the United Kingdom, it was beset with constant organisational change, often driven by external political decision-making, budgetary constraints and the widespread adoption of management practices from the private sector. ‘Permanent white water’ is a term coined by Peter Vaill (1989), an American writer on organisation development, and is often used to describe the turbulence of organisations and society, and it certainly fits the situation we found at Westshire.

Westshire was wholly dependent on government for the funding to deliver its services. It was increasingly dependent on expensive technologies to deliver these services and for the functioning of its administrative and support functions. The working environment ranged from small individual buildings housing less than 10 employees, often located in community settings, through to large purpose-built behemoths housing several thousand employees. Some operational units were effectively running as semi-autonomous operations run by professionals, while others were more conventionally organised with spans of control and managerial hierarchies. The majority of the physical working environment was best described as dated, and it was questionable if it was ‘fit-for-purpose’, although there was a programme of investment in new purpose-built buildings. The spread and complexity of the organisation meant that some staff never came into contact with some of their colleagues because of the specialised nature of the services offered or because of the geographic dispersal of services. Other staff located in centralised services were required to travel to service those functions in more rural locations.

Occupations at Westshire ranged from well-paid, highly skilled professionals through to low-skilled employees. The workforce was predominantly female, which was typical of other organisations in the sector and which was, in part, a product of the occupations that made up the organisation. Westshire had been forced to go outside its traditional recruitment areas to find the staff it needed to function effectively. Employment relations in the sector could be described as good. There was a long tradition of no-strike agreements amongst the professionals who delivered the services for which Westshire was responsible. These professionals could belong to a trade union if they

wished, and many, if not all, would be required to have professional affiliation to their own professional body in order to practise. There was also a standard expectation that continual professional development would be a feature of these professionals' careers as they tried to maintain high levels of competence to stay at the forefront of their professions. The management, administration and support functions were also able to join trade unions if they wished. There was less of an expectation to follow a no-strike tradition for these employees, although employment relations for them were also good. Westshire had been through a significant job evaluation process in the recent past as part of a wider attempt to rebalance grades and salaries and to recognise the skills, knowledge and competencies of all of those working in the sector. The process was also deemed important in helping to attract potential new employees from within the United Kingdom to overcome an increasing reliance on overseas recruitment.

Westshire, like other NHS organisations, appeared to have experienced a protracted struggle between the professionals whose expertise provided the foundation for the organisation's existence and the managers of the organisation who were charged with meeting government policy and stringent targets set by politicians. The tensions of meeting externally imposed targets appeared to have changed the culture of the organisation from one of professionals delivering expert services to a machine-like bureaucracy that counted, measured and evaluated all aspects of performance. This approach had meant a shift in control away from the professionals who decided what was to be done and when to managers who now shuffled resources to ensure government targets were met in return for annual increases in budget of approximately 4 per cent in 2010 across the sector.

The performance-driven environment of Westshire had seen the establishment of a structure that reflected the pressures externally imposed and internally driven. Directors existed for performance improvement, operations and planning and for a range of other services. The organisation was led by a chief executive and supported by a board that was externally chaired. The language of management, such as audit, performance, governance and stakeholders, suffused internal and external communications. At the time of our interviews, Westshire was running with an in-year deficit of many millions of pounds.

Westshire's formal approach to trouble at work

Like many large organisations, Westshire has no shortage of formal procedures and policies relating to employment relations and people management, and in many ways Westshire could be regarded as an employer of good practice. Policies and procedures existed for dignity at work, grievance and disputes,

equality and diversity, flexible working, sickness absence and so on. Many, if not all, of the policies and procedures were available via the organisation's intranet for employees to download. There were clear indications in these policies that trade unions and staff associations had been consulted and that the advice and guidance of specialist agencies such as the EHRC and the Acas had been sought.

Like many policies in organisations delivering public services, Westshire's policies appeared to be written as a process of good governance rather than as user-friendly guides for managers and employees. Most policies were made available in formal documents which represented an employer's statement of intent, but they did not offer a procedural toolkit to handle grievances and disputes and often failed to give guidance on the prevention of trouble at work. The 22 pages of Westshire's dignity at work policy contained many of the classic elements one might expect to see in a policy of this kind. Definitions of dignity, bullying and harassment were presented in order to help employees reach a judgement about whether they had been ill-treated. The definitions differed quite markedly from an almost identical policy on Workplace Respect written by the government and the trade unions for the NHS. While there was no contradiction between the policies, the language, definitions and processes were different. As a result, employees of Westshire could legitimately seek out either their organisation's policy on Dignity at Work or the very same policy meant to describe ill-treatment in the sector as a whole, and find completely different definitions as to what dignity at work or bullying or harassment meant. This caused difficulties not only for individual employees experiencing trouble at work but also for managers. If a manager followed the official policy of the organisation, he or she might be faced with a diligent lawyer or trade union representative who could exploit these policy differences.

A generally good feature of Westshire's dignity at work policy was their self-analysis series of short questions that allowed employees to evaluate for themselves if they were, or had, experiencing problems such as bullying and harassment. The approach was sound but made some far-fetched assumptions about the information available to employees who were trying to answer the questions. For example, the criteria meant to enable an employee to reach a judgement on whether his or her dignity had been infringed included, 'was the behaviour intended to belittle or harm you or strengthen the other person's power base?' Most employees who are ill-treated have no idea what a troublemaker intends by their actions. Another problem exemplified by Westshire's policies and procedures was the adoption of legal and quasi-legal terminology. While policies and procedures have to take into account the legal implications and mitigation of risk to the organisation, the language in which they are written could inhibit employees who might be afraid of the consequences of their actions, thus defeating the drive for dignity at work that the organisation seeks.

Interviewee characteristics

Most of the men and women we spoke to would be regarded as professionals with specialised skills, knowledge and experiences of working in the health and social care sector, and some were extremely well qualified. The majority of the people we spoke to were women. Many were career-long employees and most had between 20 and 40 years of service with very few young, newly qualified staff featuring amongst our interviewees.

The fact that many of the people we spoke to had served a number of years in the NHS allowed them to take a longer view on how work and the nature of the sector had changed. One man we spoke to described it as a 'privilege' to have worked for clients and how working 'almost all the hours that God sends' was a historical part of ensuring clients were the priority. As in the previous chapter, we needed to understand this sense of commitment to the sector and its clients that interviewees had if we were to properly grasp the nature of their current troubles. Some talked about how things 'used to be' or how their relationships with those who were now ill-treating them used to be good. As one woman told us, 'She was fantastic, we got on really well but things changed.' Others talked about how they loved their jobs, describing them as 'my dream job', and some talked about being desperate to keep their role because they 'loved it' and could not bear to part company with their friends and colleagues. There was a sense of frustration about what was happening to some interviewees with statements such as 'I liked my work, why couldn't I be left to do that', and the phrase 'I like my job' or 'I like my work' reflected the fact that the work that people did was not the cause of their problems.

Indeed, many Westshire employees told us they felt they were good at what they did, describing themselves as committed, enthusiastic and loyal. Some felt they were doing the best work they had ever done and, even though many were stressed and busy and being pushed to go the 'extra mile', they were happy to serve the needs of their clients and organisation. Their commitment, loyalty and enthusiasm seemed to stem from a sense of moral purpose, which was sufficient to make an employee proud to tell us he or she 'worked my butt off' or to describe themselves as a 'solution finder' in dealing with their workloads. Some described their working experiences as a 'pleasure' or that their 'conscience' could not allow them to fail the needs of their clients. It was clear that many men and women felt themselves to be principled professionals who would go beyond the call of duty to get the job done. Yet, many were honest enough to admit that they themselves had occasionally treated people badly in Westshire. Some described how they had lost their tempers or shouted or used bad language because they were so annoyed about what was happening around them.

A number of those we interviewed might be described as having a strong personality, describing themselves as 'assertive'. Several said they felt the

reason they found themselves where they did was because they would readily voice their opinion: as one woman stated, she had a strong sense of 'what's right and what's wrong'. Many felt that this assertiveness or willingness to give their opinions had got them into trouble at work, despite the fact that many described themselves as being 'strong'. Yet, alongside their assertive personalities, several described themselves as 'emotional', 'sensitive' or said that they cried a lot. It seemed that their moral convictions made them incapable of turning a blind eye, but they also felt injustice quite keenly, being cursed, as well as blessed, with a highly developed ethic of care.

Ill-treatment

Unreasonable treatment

The 'permanent white water' described earlier is most clearly represented through the actions of managers and those charged with leading the organisation. The target culture of achieving more output with fewer resources appeared a central feature of the working lives of many employees we interviewed. Irrational and punitive management manifested itself in many different ways and had an impact on managers as much as it affected non-management grades. We begin by describing how employees perceived their workloads as pressured and how deadlines were increasingly seen as a source of workplace pressure.

Health and social services are significant destinations for public spending and, like other branches of public expenditure, subject to increasing levels of scrutiny and performance evaluation. Employees at Westshire were subject to internal and external targets that emanated from government and were then passed down through layers of organisational bureaucracy to be delivered by front-line services. Employees saw these pressures as unfair; as one female employee in her forties said, 'They are bullying us to do more work and not listening to us, and just cracking the whip all the time.' It is worth noting that most employees did not use the word 'bullying', and this employee used the word in the context of '*institutional* bullying'. Our interviewees told us that their managers were overbooking clinics in order to meet stringent targets, and some staff were working every Saturday morning for several months in order to meet targets and clear waiting lists. In some cases staff were regularly doing 3–4 hours of additional work per week simply to keep up. Several said their workload had increased not because they were seeing extra clients but because they were covering for colleagues who were on leave, away from work because of illness or had left and not been replaced. Others told us how they were frequently having to train others who had come from a non-medical background.

Some staff at Westshire had complained about the pressures of increased workloads and understaffing, but they viewed this as largely a waste of time. Meanwhile, they were 'struggling' to cope with workloads and becoming 'more and more stressed'. These pressures and feelings of stress were felt at all levels and grades, including managers. One manager felt that there was very little organisational support for him in his role, and he referred to being constantly audited: 'what am I doing about sickness, what I am doing about this, and HR will say, "How many KSFs (knowledge skills frameworks) have you done"?' This frustration from front-line managers with Westshire's senior managers came through in many of the interviews. Some referred to feeling bullied because of the stresses and pressures they faced, and one told us he felt he was being asked to 'climb Everest with a six-foot stepladder'. Other managers felt that the targets and measures imposed on them were passed down by senior managers who did not understand the clinical needs of patients. Some of those we interviewed felt that managers did not understand variations in the needs of clients or patients but categorised them into standard, homogenous groups when estimating how many resources they required. For example, one employee who dealt with children with learning disorders knew that a child with autism had very different needs from one with less severe learning difficulties. To apply targets to their treatment without reference to the individual child's needs afforded no recognition of the time and effort actually expended by staff in order to meet individual client needs, many of whom would be in the 'system' for many years.

Some managers told us how their own workloads had doubled because fellow managers who had left Westshire were not replaced. Others told us how their operational domains had increased to take on more locations and operational areas with no extra resources. One manager said, 'I have been budgeted for five staff when in reality I need 20', and another manager felt that budgetary control was over simplified with blanket cuts in his department of 3 per cent: 'I don't feel that there's much fat in the system anymore.' Some of the managers felt that cutting budgets and expecting similar or even enhanced performance was futile; yet it felt for many that financial resources were diminishing but everything else was a constant. It is not surprising then that some felt they were 'being set up to fail' because their targets were unachievable. Others were struggling to comply with procedures and processes because they had no PC or IT access and all targets, budgets and staff procedures were completed or downloaded online. Another talked about how emails were bombarding him 'left, right and centre' but that he had 'no computer or laptop in my departments. I have to travel 20–30 miles away, which doesn't help when I am trying to do budgets'.

Poor communications between managers and employees was also a central feature of perceptions of ill-treatment. Some employees reported that they knew about things at the last minute or were specifically kept out of the loop;

for example, jobs were advertised 'quietly' leaving very little time for them to apply. Others told us how important meetings were organised on days when they could not attend. Email communications was problematic for different staff in different ways. Several employees told us how email was used with an expectation of an almost immediate response. As one staff member told us, 'She even rang me up at the clinic, and I said, "Well I haven't seen your email, I have just come back from holiday ... and I need time to think about what you are proposing".' Others told us email was used as an alternative for face-to-face communications; with managers using it as a 'catch all' for informing staff of changes to workloads and working practices. Some employees felt that communication used to be a fairly straightforward process, where they could go and talk through difficulties and sort them out, but now that email was the preferred communication vehicle, appointment calendars ruled availability, and it was almost impossible to have a conventional conversation. A few employees reported feeling left out of communications and 'disconnected' or 'kept away from decisions' or 'cut off', while others told us how their emails were conveniently ignored or a manager response was 'I am looking into it' but that nothing ever happened.

Other communication difficulties lead to feelings of frustration. Getting a 'straight answer' was a real frustration because the chain of bureaucracy and the external imposition of targets meant that blaming others for targets was a feature of communicating decisions. One member of staff reported how they had not had a team meeting in over a year, which resulted in gossip and rumour being the primary mechanism for communicating. We were also told by some staff how a lack of human interaction about returning to work from sickness, poor levels of general concern with staff well-being and poor human engagement were representative of weak communication with managers.

The move to electronic communication had led to managers struggling to keep everyone informed and non-managers feeling isolated. The tensions between professions caused by communication with one group but not with other groups resulted in chaotic operational activity, which in turn led to behaviours employees found inappropriate. Words such as 'screaming like a banshee' were used by one employee to describe the behaviour of her supervisor who wanted her to work a particular shift pattern. In fact, several interviewees reported being frustrated that their views were not taken into account over issues such as working patterns. Given that Westshire had a female majority in its workforce, flexible working arrangement such as annualised hours, part-time flexible working, job sharing, working term-time only to fit with the needs of parenting were commonplace. These aspects of employment contracts contributed to tensions between managers, supervisors and employees. We heard from senior consultants how they were pressured to work additional sessions even though their employment contracts stipulated a set number. Insisting on their contracts did not seem to be an option, and

here as elsewhere employees told us that their objections 'fell on deaf ears', that they were instructed 'without discussing, asking, negotiating' and 'talked over' by managers.

Frustration with the effect of management demands and ever-increasing targets on their own working lives was coupled with concern over the effect of these demands and targets on patients and clients. Employees told us on several occasions how they would be under pressure to function with unqualified and inexperienced colleagues and how the stress of being 'the only qualified person' left them anxious about the legal implications if something went wrong. Others talked about their 'neck being on the line' if things went wrong and struggling to be in more than one place. These pressured environments meant that being shouted at, told to shut up and even 'screamed at' were regular features of work for some of our interviewees. A small number of people told us that they felt they were being excessively monitored in their work, with one male employee reporting that it was 'obsessional' to the point that he was moved seven miles to be relocated to the office of his manager.

These situations led many people we interviewed to feel they were being treated unfairly compared to others at work. Employees from a broad spectrum of roles and occupations reported how they felt they were overlooked for training sessions or development opportunities. Most of the issues where bias was perceived were fairly minor in nature but still rankled with those we interviewed. For some, this was because they could not move forward with their development because they needed something that was being denied to them. Others felt that they were being passed over in favour of younger, less experienced colleagues, and the key issue was the lack of recognition which they felt should have come with more experience. Failure to recognise status distinctions was a common feature of perceptions of unfairness, as was the notion that the unfairness they experienced was capricious. Many of those we interviewed talked of 'change of attitude' or a 'switch' from being well regarded as an employee to one who was no longer seen positively, and they could not understand why this change had taken place and were left puzzled and upset.

One of the challenges of working in a professional services organisation such as Westshire is the large number of experts in different fields who, by nature of the services being offered, come into regular contact with other professionals. It is therefore not surprising that many employees had professional disagreements which sometimes centred on the use of proper procedures. Examples ranged from disagreements on a course of action taken, such as drug dosage or treatments, to claims that statutory processes were being bypassed. Others thought the following were unreasonable: internal processes such as jobs being advertised at short notice, incorrect short-listing procedures, irregular personal development reviews (PDRs), training opportunities, annual leave entitlements, shift patterns and so on. Sickness absence and entitlement

to reduced hours when returning to work were seen as unreasonable by some staff because processes and procedures were either not explained properly or were being overlooked. Interviewees told us how they felt policies were not adhered to covering areas such as discipline, returning to work and complaints.

This range of perceptions of unreasonable management caused a great deal of consternation with some feeling that managers were increasingly behaving like demagogues who were unaccountable for their actions. We now turn our attention to the behaviours we describe as incivility and disrespect where it is not only manager behaviours that left Westshire employees feeling ill-treated at work.

Incivility and disrespect

We have already seen that Westshire employees negotiated a complex web of interactions between professionals, many of whom were highly specialised and very well qualified, and the joint pressures of client expectations and political interference. The working environment appeared to function as a 'pressure cooker' where managerial and political targets meant that tempers could fray and behaviours could become fraught with insults and intimidation. Employees of all ages and backgrounds appeared to be on the receiving end of incivility and disrespect with aggressive acts being seen as commonplace. It may, indeed, be too easy to excuse such bad behaviour in workplaces which are supposedly shaped by both professional ethics and an ethic of care.

Shouting and loss of temper were widely reported by those we interviewed, and swearing, screaming and aggressive gestures seemed to be quite a common occurrence for many staff both in face-to-face meeting and on the phone. Most of the perpetrators of these behaviours were co-workers, although managers were also known to have recourse to bad language or shouting. Very senior and highly paid professionals reported being sworn at by their senior colleagues. Rarely were our interviewees able to pinpoint why the ill-treatment occurred. Some staff also told us that they were subject to bad behaviour from clients and patients but that these were broadly accepted as 'part of the job'.

Many staff did not seem to be unduly affected by being shouted or sworn at by their colleagues, although a smaller number reported it as 'stressful' and 'unprofessional'. Swearing and shouting was reported by some as a form of intimidation and threat. In one interview with a member of the estates team, we were told how a very senior professional was swearing at an elderly member of the public, who had asked him to moderate his language, because he could not find a car parking space. In another example, a newly promoted manager was yelled at across a desk because his budget was overspent. These situations left people feeling too intimidated to respond, and in some cases the physical size of the perpetrator meant that the staff member was intimidated.

As one employee told us, 'He walked me into the corner and his face was literally 5–6 inches from mine.'

Insulting behaviour ranged from junior staff ridiculing the decision of a senior colleague through to trading insults when a colleague was asked to undertake a task that they perceived as beneath them. Again, insults usually took the form of bad language and swearing but also manifested as public ridicule and professional humiliation. For some staff, the professional humiliation by their peers was particularly hurtful and was seen as unacceptable, which was in contrast to behaviours received from members of the public, which were seen as an unfortunate inevitability. In most of the situations described to us, employees found it difficult to understand why they were receiving insults and threats but simply described the perpetrator as 'rude', 'bristling', 'nasty' and 'unpleasant'.

Several of our interviewees had similar experiences of incivility at Westshire: their emails and calls were ignored, and normal courtesies abandoned leaving them isolated and ignored. Again, in most cases interviewees could not explain why they were now isolated by colleagues or a manager. Some felt it was because they had moved into management grades and were ostracised for doing so by their former colleagues whilst at the same time they were at too low a management grade to be accepted by existing managers. Feelings of exclusion manifested themselves in many different ways. One employee told us how he worked in a team of five or six but was the only one to be moved out into an office on his own. A manager told us how he was excluded from senior management meetings discussing the department he was running. Other more petty behaviours included being excluded from social events, not being included when someone made tea or coffee in group meetings and not being spoken to in team meetings. One woman told us how whenever she entered the staff room, some colleagues got up and left. Another was never included in a cash collection for birthdays, leavers or other events. These behaviours left people feeling more bemused than angry or upset. Many people we interviewed simply resigned themselves and reached the conclusion that this was just the way things were at work.

The very nature of Westshire's operations meant that employees were encountering ill-health and difficult emotional challenges on a daily basis, and some told us this made insensitive treatment of employees' health problems from managers and peers more difficult to accept. Several interviewees told us how their own ill-health or family circumstances were poorly handled, particularly from managers and support services such as occupational health departments. One interviewee who was recently bereaved talked about being shouted at after her return to work and saw this as undignified, given the very recent death of her father. Others talked about being put in insensitive situations when they themselves faced personal dilemmas. For example, one woman who was receiving fertility treatment was placed in a children's

disability unit, while another worker whose partner had miscarried was told, 'It's only a miscarriage.' Another employee who was on sick leave was sent texts which went to all members of the team saying 'due to excessive sick leave, I (the manager) have had to once again reorganise shift patterns', leaving the individual to feel ostracised and humiliated amongst her peers. Small numbers of employees perceived discriminatory behaviour as one factor behind their negative experiences. These issues concerned discrimination over ill-health and disability but also part-time working and sexual orientation. For example, a lesbian employee felt that people were whispering that she should have nothing to do with children, even though her job was not related to children in any way.

The work that people undertook was also a source of feelings of unfairness and ill-treatment. Several told us how they were encouraged to 'look for something else' or told outright, 'You ought to be sacked.' Sometimes behaviour was a little more subtle with statements such as 'I do not think this is for you.' Others were less fortunate and received what they perceived as threats about their performance, resulting in their department being formally investigated but without the opportunity to give their side of events. One manager felt that when budgetary pressures were being imposed, they were not thanked for saving money but continued to be 'kicked'.

Violence and injury

Violence can manifest itself in a number of ways, and some might think being 'poked in the chest' or 'backed into a corner' were sufficiently violent acts in their own right. Besides the swearing and aggressive posturing described earlier, we did not come across significant numbers of stories of violence or injury at Westshire. We were told about one instance of violent behaviour where a very senior professional ended up having to be restrained by a member of Westshire's security team who had little choice but to 'take him down in a head lock'. Such situations between colleagues appeared to be rare occurrences, and the few instances of violence that were reported to us normally involved clients or users of Westshire's service. One interviewee recounted how his colleague had been spat at by a member of the public while another had been injured trying to physically restrain another member of the public. One respondent told us there were between 10 and 12 violent incidents every Saturday night, and 'One of my colleagues got punched in the stomach last Saturday by an elderly woman; when another colleague tried to help, she got punched too.'

Car parking problems were a regular source of conflict. One male member of staff told us how he had to 'jump out of the way' because a delivery driver from an associated professional organisation refused to slow down when asked. Other traffic-based problems resulted in face-to-face confrontations which required a telephone call to the police. As in other cases studies, conflict

and confrontation extended beyond working hours and the workplace. One manager who was forced to dismiss a member of staff for falsifying an application form was subsequently threatened by the partner of this former employee at a local supermarket. 'I bumped into her and her husband ... and her husband actually threatened me, my house and everything else. I had never come across this; it shook me up.'

Witnessing ill-treatment

A number of men and women we interviewed spoke of witnessing ill-treatment to demonstrate that they were not the only ones who had experienced unreasonable treatment or incivility and disrespect. An interesting feature of witness accounts is how interviewees were more willing to use phrases such as 'bullied' and 'harassed'. Both men and women told us how they believed colleagues were both being bullied and were bullies, and they seemed much less reticent about applying this label to others than they were to themselves or their situations. This reflects research findings on bullying (see, for example, Einarsen *et al.* 2011 for prevalence rates and historical discussion). Some of the uses of terms such as 'bullied' or 'harassed' were in a caring context where there was sympathy for a colleague because of what was happening to them; for example 'he was singled out' or 'you can see her picking on her' or 'she picks on vulnerable people.' Some witness experiences were used to create a context for particular episodes of ill-treatment: 'she was bullied in another department', and 'she was also bullied by a different staff member.' Occasionally, men and women appeared to be using their observations of others in a systematic way, such as making mental notes or keeping 'a diary', as evidence to indicate they were not alone in suffering ill-treatment.

Discriminatory behaviour also appeared to be more readily reported as something people witnessed rather than personally experienced. Like bullying, interviewees seemed more willing to offer us their own opinions about whether someone was being discriminated against, and this seemed to be particularly likely from employees who were themselves members of minorities. A lesbian interviewee told us how a male employee with a long-standing health condition was mocked and teased because of his condition and how racist comments were dismissed as 'general humour'. One woman told us how she felt sorry for a male colleague because 'he was from the same background as me.' Elsewhere, incivility and disrespect in relation to visual impairments, physical health conditions and psychological or emotional problems, racist comments about Irish/Welsh/English/Scottish colleagues, and homophobic remarks were frequently reported as observations of Westshire's workplace.

Some of the men and women we interviewed appeared to use their observations to build timelines to show how long episodes of ill-treatment had

been going on, while others were using their witness experiences to show up 'poor management', 'bad practices' or a 'lack of professionalism', thus allowing them to reach a reasoned judgement about what was taking place around them. In some cases, the judgement they reached from their observation of unfairness and injustice and cronyism was of an organisation which was operating at moral hazard.

The characteristics of troublemakers

The characteristics of those deemed responsible for causing trouble at work ranged from classifying perpetrators as ambitious, corrupted by power, incompetent, bumbling, unprepared and overstretched through to feeling sorry because the person(s) concerned had outside pressures and stresses. In fact, when interviewees were willing to attribute characteristics to perpetrators they rarely focused on a single perpetrator attribute. For example, a woman described as 'ambitious' was regarded so because she 'didn't have a family' and 'resented' those that did. Similarly, another female perpetrator was described as powerful but 'lacked experience' resulting in 'aggressive and unreasonable behaviour'. Interviewees also appeared to try to corroborate their experiences by bringing in other colleagues and co-workers. Phrasing such as 'we always think' and 'other people have noticed' were used. 'We', 'us' and 'the team' seemed to be helpful to people as they tried to come to terms with a situation that they were constructing as not being their 'fault'.

Men and women also told us that troublemakers often lacked knowledge or confidence or were 'battling' against a tide of change. On one or two occasions troublemakers were reported as being very competent and talented, and these talents had been recognised when they had been promoted through the ranks. At this point they had become detached and aloof from their former colleagues or were making changes that were universally disliked. There were, of course, other interviews in which employees described troublemakers in a variety of highly personal and pejorative ways, for example, as 'manipulative', 'malicious', 'lying', 'deceiving', 'forceful' and so on. Others were described as being mentally deficient, lacking sexual prowess at home, being bullied by their partners, lacking an education and being 'thick'. It was clear that some interviewees had no respect at all for those they regarded as responsible for what was happening to them.

Given the female majority in the workforce, it is no surprise that the vast majority of troublemakers who were described to us were women. Female perpetrators were described as bullies and confrontational but could also be described as charming and capable. One of the most frequently reported traits of female perpetrators was controlling and authoritative. Occasionally, interviewees described these types of perpetrators as enjoying this style of

behaviour and liking situations where they could keep people 'under their thumb'. Some even talked about a type of stalking perpetrator who went 'for the kill' or 'manipulated people's fears and anxieties'. Interviewees also talked about past histories and described how someone is 'well known for' or 'has a history'.

The processes and consequences of dealing with ill-treatment

We spent much time asking men and women about their experiences of support systems and whom they turned to in dealing with their workplace troubles. As we described earlier, Westshire had a set of policies to deal with workplace disputes, and like most organisations, these were the responsibility of the HR department. In fact, our interviewees did not report HR becoming involved until a long time after they decided to do something about their ill-treatment, perhaps after several months. Most people we spoke to did not mention the involvement of HR but told us they took their complaints to line managers or senior managers (one employee told us that HR represented the interests of management, which is why she chose not to involve them). Several doubted that managers had the skills to resolve disputes and felt that if only things could be resolved at an early stage most of the policies and procedures would be irrelevant (chiming with the principles of the Gibbons Review for better workplace dispute resolution).

Although they did not consult HR, employees were indirectly engaging with them through policies and procedures such as grievances and complaints. Several spoke about how they felt formal policies and procedures had taken over events, with some feeling that they were detrimental to satisfactory workplace resolutions. One very senior professional felt that, in the past, they would have sat down over a cup of coffee to settle differences, but once a complaint had been made, the organisation was duty-bound to let procedures and policies take over. A particular feature of Westshire's systems was an 'incident report form' which several interviewees thought hampered resolutions to workplace troubles. The form had been designed for reporting critical incidents where clients were put at risk, but had mutated into a process for complaining about colleagues and co-workers. A similar process seemed to have occurred throughout the organisations processes: their language focused on complaints, investigations and discipline; all phrases associated with formality and a quasi-legal environment.

In many cases, the process, once initiated, seemed to have dragged on for an inordinate amount of time. Some employees told us it was 'too much hassle' and others said it was a 'waste of time', not meaning the outcome but referring to time wasted in a process that involved so many people being

distracted from what they were paid to do. Others talked about the costs of processes, including reports, letters, meetings and investigative costs. One male professional told us how it took 15 months from the first formal notification of a dispute to reach a final outcome. This resulted in him leaving work for this duration with stress. Two women talked about a nine-month process and a five-month process. In most of these accounts, our interviewees were absent from work on stress-related health grounds.

The outcomes of organisational processes also left many of our interviewees feeling frustrated. There were interviewees who felt that accessing formal complaints procedures made them look like 'whingers', but other interviewees felt that speaking to managers about their ill-treatment had actually made things worse. One told us how a manager had mishandled things so badly that she was forced to move departments, while another felt the grievance process had made things '10 times worse'. Several employees spoke of the dangers of being tarred as 'troublemakers'. Relationships appeared rarely to get back to normality with some describing communications as 'we slowly got back to grunting at each other.' Some talked about their preference to have received an apology, although this rarely seems to have happened. It was clear from the interviews we conducted that there was a significant period of readjustment for many staff with some having lengthy return to work adjustments, meaning they were not operating at normal capacities for some time. Several staff ended up moving to other departments and to other roles adding to retraining and redeployment costs as well as the costs of having to recruit replacements. There was also some evidence of a tit-for-tat approach in individual disputes. Claims and counterclaims were mentioned and interviewees sometimes referred to detailed logs to explain the chain of events to us. Some retaliatory activities from troublemakers included ostracising complainants, and one woman told us how she was telephoned by her manager to be told she was not getting an invitation to her daughter's wedding. Another was not invited to make a donation for a collection for the birth of a colleague's daughter.

Some employees used the services of Westshire's occupational health unit with most of them self-referring because they felt they were not getting the support of managers. It seems that those who self-referred did so under periods of stress with several talking about being 'very unwell' or 'not fit to go in'. For many, the occupational health service was a very positive experience in terms of helping them to get well or feel better. One of the most positive features of the way in which Westshire's processes and procedures were organised was that the health and well-being team located in the occupational health unit had responsibilities for the dignity at work procedure. The unit was also linked to Westshire's staff counselling service.

Contact between those with workplace troubles and their trade union seemed to be rare. This might be because many of those we spoke to were professionals and relied on professional bodies and networks in Westshire.

Those who did use their trade unions seemed to be happy with the service they received, and trade union representatives seemed able to bypass formal procedures wherever possible to reach outcomes that served the best interests of their members. Terms such as had 'a quiet word with senior management' or 'worked the system' were used. However, this approach also left some frustrated that things had been 'swept under the carpet' or 'pushed to one side', and one even referred to the informal approach of their union rep as 'collusion' and 'working hand in glove with management'.

Several men and women spoke of the informal support they received from co-workers and, in some cases, managers in other departments. Some used their colleagues in affirming ways, showing that they were not alone in trying to understand what was happening, while others sought solace amongst a group of colleagues for a collective 'moan' about the behaviour of an individual. These reassurances seemed to be important to our interviewees, and in some cases their colleagues offered strategies and advice on how to deal with whatever situation was being faced.

The consequences of ill-treatment at work

Our interviewees told us that they felt there were significant consequences for them and for Westshire. Besides the financial costs of processes and procedures described above, and the inability of many staff to get back to a civilised and normal working climate, many women and men we spoke to talked of the impact of the episodes associated with their trouble at work. It is not too dramatic to state that one or two interviewees were 'shattered' by their experiences and were suffering many months or even years after episodes had ended or the person they were having troubles with had left Westshire. One male employee produced notes and diaries going back several years suggesting he could not let go of this experience. Many of the men and women we spoke to had received counselling, medical treatment, psychological and psychiatric support. Psychosocial symptoms reported to us included crying and emotional outbursts, stress and its associated symptoms, feelings of vulnerability and insecurity, lack of confidence, feelings of foolishness, feelings of guilt, low self-esteem, outbursts of fury and anger, feelings of paranoia, work-phobia, feelings of powerlessness, going mad, irritability, frustration, becoming distant and remote with friends and family, impaired social life, demoralisation and so on. Symptoms such as nausea, back pain, tension, sleep disruption, clinical depression, chest pains, headaches, weight loss, upset stomach, drowsiness because of prescribed drugs and so on were reported by a wide range of our interviewees. During interviews when people were talking about the impact of their experiences, they referred to feeling like 'a punchbag' 'kicked' 'assaulted' and 'battered'. People talked about

‘having the stuffing knocked out of me’ and ‘you knew it was coming but you didn’t know where or when’.

Of course, there were also organisational effects from these workplace experiences. Apart from the expense of carrying out investigations and the production of reports and other documentation, a considerable loss of workplace productivity could be expected. Organisational costs could be significant resulting from redeployment, loss of staff who had left the organisation, long and protracted absences, adjusted workloads after periods of stress and other productivity reductions. In addition to accumulating costs, Westshire’s troubles were shaping the organisation. For example, employees were increasingly wary of the very processes and procedures which had been designed to protect them. Grievances, disciplinary procedures and mediation had all affected people in ways they were not expecting, with some feeling that simply going through a process was itself an ordeal, regardless of any outcome. Goodwill and positive workplace attitudes, traditional features of the health and social care sector, also appeared to have been damaged by the events to which they have been exposed. This was summed up well by one of our male respondents, who said,

And I think how it has affected me and I know, speaking to colleagues, how it has affected them, is you now have in our workforce, people who have been the epitome of consummate professionals, doing more than their contracted hours, going home late, going into work early, taking sheaves of work home at weekends and evenings. Professionalism. And they’ve gone into 37.5 hours mode instead.

Conclusions

Our in-depth interviews at Westshire revealed a complex organisation facing continual change, most of it externally imposed through government targets and budgetary pressures. These pressures left managers and employees struggling with working arrangements which were strained and often fractured. For the professionals in Westshire’s workforce, these pressures and tensions provoked an existential crisis. Exposure to a troubled workplace was experienced as a threat to their identity and purpose. Assuming managerial responsibilities did little to recover that identity and purpose; indeed it might make matters worse.

On the surface at least, our analysis of the BWBS data did not lead us to anticipate such problems within an organisation in the health and social work sector. Indeed, we expected that organisations like this one would be more prone to ill-treatment than other organisations solely because of the amount of contact employees had with the general public. There are fairly obvious reasons why professionals and others in health and social care might come across clients or patients who are disrespectful and even violent. Yet, although a few interviewees mentioned such things, they generally reassured us that they

took them in their stride and were far less affected by them than they were by ill-treatment from managers and co-workers.

On deeper reflection, we can see, however, how the BWBS analysis revealed the problems which preoccupied employees at Westshire (and at Britscope). It was the questions about decreased autonomy, super-intense work and, above all, the FARE questions that predicted troubled workplaces in our national survey. Employees in health and social care organisations were more prone to unreasonable treatment, and incivility and disrespect, from managers or colleagues, but this was entirely explained by their greater exposure to these predictors of the troubled workplace, for example, the feeling that they had to compromise their principles (see Figure 7). It was not providing a service in the health and social care sector that predisposed employees to this kind of ill-treatment (although it did predispose them to ill-treatment from clients and other members of the public). Instead it was reduced autonomy, super-intense work and the failure to allow them to act on their principles. We have seen how badly Westshire fared on all of these counts. For example, we heard a great deal about the shift in authority and control from managers to professionals and the way that Westshire's use of IT disempowered many of its employees. We heard just as much about employees struggling to cope with providing cover for colleagues who were not replaced and the deadlines and workloads imposed by managers who were under pressure to meet government targets.