



Possums aren't the only problem at Hospital



Introduction. I would like to make this submission to the House of Representatives Standing Committee on Education and Employment – Inquiry into Workplace Bullying. I will outline my personal details followed by a dot point summary of the events of Oct 2010 until Aug 2012. I have included both my Bullying complaint and the subsequent Maladministration complaint as annexes to this complaint.

For the purposes of publication, I wish to have any names removed from the submission.

Personal details:

Name:

Address:

Telephone:

Email:

ACADEMIC QUALIFICATIONS:

- 1985 Bachelor of Science with Honours in Microbiology/Immunology. Honours thesis:
Cystic fibrosis and Pseudomonas aeruginosa
University of
- 1994 Associate Diploma in Applied Science (Medical Laboratory Science)
University
- 1998 Master of Applied Science in Medical Laboratory Science
University
- 2002 Bachelor of Nursing
University
- 2006 Graduate Certificate Drug and Alcohol
University
- 2012 Masters in Mental Health Nursing
University

HONOURS AND AWARDS

- 2002 Dean's Award for Academic Excellence
Faculty of Health Studies, University
- 2005 Chief of Defence Force Commendation – Unit Commendation for OPERATION SUMATRA ASSIST
Position – Acting Chief of Staff (Acting LTCOL) Headquarters 1st Joint Movements Group

Dot point summary.

- I commenced work at _____ in Oct 2010 as a Registered Nurse (RN), Mental Health.
- The Nursing Unit Manager 1 (NUM1) returned from holidays two weeks later and the bullying started immediately.
- I was screamed at in front of students “*what do you think YOU can teach them?*” – NUM1
- I was belittled to my peers and spoken to in a very aggressive manner.
- I was expected to work the NUM1’s friend’s (RN A) workload as well as my own - ‘*I don’t come here to work I come here for the social life*’ – RN A. Normally everyone is allocated several patients but when RN A is on the shift, she never attends to them and it is up to the rest of the shift to perform the necessary tasks.
- I was prevented from attending ongoing ward education on a regular basis or told to leave by the NUM1’s friend (RN A). Education is an ongoing requirement to maintain Nurses’ Registration.
- Rather than normal rotations, I was put into the acute section for the majority of my shifts – the risk of assault is much higher in this section.
- The NUM1’s favourites were put into the lower risk subacute section for the majority of their shifts.
- Rather than equitable opportunity for overtime, I was only offered overtime as a last resort.
- At the beginning of August 2011, I informed the NUM1 I would like some overtime, if it were available – no more was offered to me from this point (with the exception of two hours because no one else was available) whilst others were doing back to back overtime shifts.
- **OHS.** I was told I would be put in charge on shifts – I refused as the NUM1’s friend would not do her job and would not carry out the safety checks (this can be confirmed by a file audit) and I did not want to be responsible for her. The work is high risk and the patients are very vulnerable to for example, self harm and suicide. I did not want to be put in the position (God forbid) of explaining to the Coroner why the checks had not been carried out on my shift. I advised management via email of this issue – it was not addressed.
- **OHS.** In mental health setting nurses get assaulted and at times killed. This is why there must be two nurses in the acute section at all times. Both the NUM1 and the NUM1’s friend left me in the acute section alone for up to an hour with volatile patients. In particular the NUM1 left me alone with an acutely psychotic patient, an acutely manic patient and a very aggressive patient. Two of the patients were settled. However, the 6th patient was elderly and had a sliding fall. I was unable to get help for some time. The NUM1 had walked out of the acute section, not telling me and not returning for an hour.
- I was able to leave the unit to do a placement for my Masters in Mental Health Nursing.
- **Request to be moved.** Having tried to address this situation previously and failed, I spoke to management about how distressed I was and how I wanted to be moved from the unit to get away from the bullying. I was told prior the submission of my formal complaint I was not being bullied and I was returning to the unit.
- **Only discuss my complaint with the person I complained about.** Upon the submission of my formal complaint, I received written directive that I was only allowed to discuss my complaint with my manager (NUM1) – who was the subject of my complaint!
- The management response to my complaint is outlined in the attached Maladministration complaint.
- **Health policies were completely ignored.**
- I was put in a position where my options were to resign or go on sick leave and use my annual leave.
- My responses to the management behaviour were ignored even after pointing out in writing and in detail their non adherence to policy.
- I went on Workers Compensation.
- **Outcomes asked for.** Throughout this I maintained that all I wanted them to do was to move me to somewhere else and to adhere to _____ Health policies on safety and bullying. I was prepared to work but not where I was being put at risk because policies and safety protocols were being ignored. The WorkCover investigator told them to consult with me and have me moved from that workplace.
- They did not consult with me and moved me to the most violent workplace they had available.
- **How I felt.** By this stage I was extremely fragile.
- **Assault.** Whilst working at the alternative unit, I was assaulted by a patient who tried to bash my head in. The patient was unsuccessful in their aim however I still have a fist sized lump in my arm six months post the assault.
- **Maladministration.** I submitted the Maladministration complaint.

- I advised management again that I wanted a solution, that their behaviour had been “clumsy, ill advised and ill considered and that their management of problems was ‘unsophisticated’”.
- I was finally moved to a suitable worksite in Feb 2012.
- **Pay stopped.** Whilst at the new workplace I was still on Hospital’s payroll. In the month prior to Easter my pay was stopped. I was paid 2 days prior to the next pay. The next pay was also stopped and interestingly was just prior to Easter. This pay was not paid until just prior to the next pay – all against policy. My current NUM had significant difficulties getting Hospital to pay me.
- **Bullying investigation.** An investigation into my bullying complaint was finally conducted in July 2012 and curiously the investigation’s conclusion was that the bullying of me was not proven in spite of the hard evidence contained in the overtime and education records, the documented incidents of being left alone in the acute unit, history of complaints about the NUM1’s behaviour and diary entries. Perversely, the investigation mentions “there does appear to be instances of bullying behaviour by the Worker towards fellow staff members”. I was not provided with a table of evidence so I am unable to deny or confirm any to any allegations against myself or of the substance of my bullying complaint.
- **In a nutshell.** I suffered significant stress and distress as a result of workplace bullying. I was put in a position where I was being forced to resign to get away from it. When I wouldn’t resign I was put into the most violent workplace available where assaults are a very very common occurrence and where I suffered a significant assault. Those who should have known better didn’t. Those who were supposed to be enforcing Health policy weren’t. Those who were supposed to be managing weren’t and were just making a mess. AND all through this I asked to be moved, that the policies be enforced. I also asked that my sick leave and annual leave be refunded as I had to use it do to their failure to adhere to policy – at time of writing this has not occurred.
- **Sick leave.** Sick leave is from when I am sick, not when the bureaucracy is sick.

Culture. The whole culture is geared to enable bullying to occur. Any complaints are discouraged. Where complaints are made, the culture is designed to cover it up by downplaying the seriousness or actuality of the bullying behaviour. Every complaint is surrounded by the secrecy (confidentiality) – to protect who? Certainly not the complainant. The complainant’s only real recourse is to leave or resign.

Bullying complaints should be dealt with by an independent body. In house investigations are prone to self interest protecting the organization, the bully (normally a long time employee) and those within the informal network of management, who have neither the training nor aptitude for investigation and/or evidential procedures. And they tend to flagrantly ignore organizational policies for their own reasons. There is no regard for the damage that bullying inflicts and there is no disciplinary action for NOT dealing with bullying.