



Submission to Parliamentary Committee on Occupational Safety, Rehabilitation and Compensation:

Inquiry into Workplace Fatigue and Bullying in
South Australian Hospitals and Health Services



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Committee on Occupational
Safety, Rehabilitation and
Compensation:** Inquiry into
Workplace Fatigue and Bullying in
South Australian Hospitals and
Health Services
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Submission to Parliamentary Committee
on Occupational Safety, Rehabilitation and
Compensation: Inquiry into Workplace Fatigue
and Bullying in South Australian Hospitals and
Health Services

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OPENING STATEMENTS AND DEFINITIONS

Opening statements and definitions

Opening statement of Deputy Commissioner Riches

Can I start by saying that neither Mr Stroud nor I are experts on fatigue and bullying in SA Health. There are no doubt other witnesses in a far better position to give the Committee an insight into the issues of fatigue and bullying in hospitals and health services. What we can contribute to this inquiry is information that we have gathered as a consequence of the discharge of statutory functions and as a consequence of a public integrity survey conducted last year.

The ICAC and the OPI have a range of functions. One of the core functions of the OPI is to receive and assess complaints and reports about alleged corruption, misconduct and maladministration in public administration. In many cases the OPI determines how the complaint or report should be dealt with. Where complaints or reports relate to alleged corruption or otherwise raise more serious or complex issues, the OPI makes a recommendation to the Commissioner, or me as the Commissioner's delegate, as to the appropriate course of action. The Commissioner or I then determines how the matter will be dealt with.

Alleged corruption is investigated by the Commissioner or is referred to another law enforcement agency, such as SA Police. Alleged misconduct or maladministration can be referred to the Ombudsman, but is most often referred to the public authority responsible for the public officer concerned. It follows then that most allegations of misconduct or maladministration within SA Health are referred to the Chief Executive of the Department for Health and Wellbeing.

On rare occasions the Commissioner can decide to investigate a matter of serious or systemic misconduct or maladministration by exercising the powers of the Ombudsman. A well known example was the Commissioner's investigation in respect of the Oakden Older Person's Mental Health Service.

Public officers must make reports in accordance with reporting directions issued by the Commissioner.

For most public officers that means a report must be made about a matter reasonably suspected of involving corruption or serious or systemic misconduct or maladministration in public administration. Members of the Committee will find the statutory definitions of corruption, misconduct and maladministration on **pages 9 and 10** of the tabled document.

Not all allegations of misconduct or maladministration need to be reported to the OPI. A public officer is only obliged to report misconduct or maladministration considered to be serious or systemic, which is in turn guided by the statutory definition of 'serious or systemic', which members of the Committee will see is replicated on **page 10** of the tabled document.

Accordingly, we rely upon an individual's judgement as to whether a matter of misconduct or maladministration meets the threshold of serious or systemic and must therefore be reported. Of course, that does not mean that a matter that is not serious or systemic cannot be reported.

The OPI will deal with any complaint or report about corruption, misconduct or maladministration. The point I make is that the obligation to report misconduct or maladministration only arises where it is considered serious or systemic in accordance with the statutory definition.

Bullying is a form of misconduct. However, as Mr Stroud will explain shortly, the OPI has received relatively few complaints and reports about bullying in SA Health. While I do not know for certain, I expect there may be a number of potential reasons.

First, I think there is a general reluctance to report alleged impropriety for fear of the personal repercussions that might follow, particularly if the report relates to the conduct of a person in a more senior position. That is highlighted by many comments made by participants in a survey that I will speak about shortly.

Secondly, I wonder whether public officers might be more inclined to report allegations of bullying internally, rather than to the OPI, which might be seen to be more focussed upon matters relating to corruption.

Finally, I think many might not consider bullying to be conduct of a kind that is 'serious or systemic', and therefore is not conduct that should be reported to the OPI.

As I have already said, any matter of alleged corruption, misconduct or maladministration, irrespective of its perceived seriousness, can be reported to the OPI.

In April and May of last year we conducted a public integrity survey. The survey was made available to all public officers and was communicated through most agencies in state government and through Chief Executive Officers of local councils. We received 12,656 responses.

As the Committee knows a report was published late last year addressing the quantitative survey results generally. We are presently finalising a second report looking at some divergences amongst agencies in terms of quantitative results as well as exploring some of the qualitative responses.

Each survey participant was asked to identify whether they worked in an agency listed in the survey. Not every agency in public administration was identified because the list would have been overwhelming and participants may have been less likely to identify as working in a small agency.

One listed agency was 'Department for Health and Ageing or a Local Health Network'. Those participants who selected this agency were not then asked to identify whether they worked in the Department for Health and Ageing as opposed to a Local Health Network, nor were they asked to identify their particular Local Health Network.

In all 3,038 participants identified as working in the Department for Health and Ageing or a Local Health Network (which I will refer to collectively as SA Health).

The following statistics relate only to those 3,038 participants.

DEMOGRAPHICS

- ▶ 73.5% identified as female;
- ▶ 26.1% as male;
- ▶ 0.4% as other gender;
- ▶ 82.7% were permanent employees;
- ▶ 13.2% were on a fixed term contract;
- ▶ 4.2% were casual employees;
- ▶ 8.8% were senior management or executive
- ▶ 49.8% were middle level staff
- ▶ 41.4% were other staff.

Participants were asked if they had personally encountered corruption or inappropriate conduct in the last five years. In all 40.7% said they had not, meaning 59.3% had encountered such conduct in the last five years.

The 59.3% of participants who had personally encountered corruption or inappropriate conduct in the last five years were then shown a list of categories of conduct. Participants were asked to nominate which types of conduct they had encountered.

In all 88.7% of participants who identified conduct on the list reported personally encountering bullying and harassment in the last five years. That equates to about 52.6% of all SA Health participants. That number was adjusted to more accurately reflect the whole of the sample of SA Health participants because some did not complete the whole survey. After this adjustment the total was 51.4%, or around 1,560 participants.

That number is obviously high.

Indeed, according to the survey SA Health was the organisation with the third highest rate of encountered bullying and harassment, surpassed only by the Department for Correctional Services (at 56.6%) and the Department for Child Protection (at 52.5%).

Participants were also asked about their perception of agency vulnerability to risks of corruption or inappropriate conduct.

In all 45.1% of SA Health participants said that their agency was highly or extremely vulnerable to bullying and harassment, which was again the third highest agency response behind the Department for Correctional Services (at 58.6%) and the Department for Child Protection (at 45.3%).

As part of the survey, participants were invited to make any comment they wished to make.

Of the participants who identified as working in SA Health, 566 made substantive comments. One hundred and twenty five 16 participants expressly mentioned bullying in their comments.

Many of those comments have been reproduced in the tabled document, beginning at **page 16**. Not all comments have been included. Some comments were provided to the OPI for assessment and potential referral.

There is little I can add in respect of those comments. I think they speak for themselves and reflect the concerns that have been echoed by other witnesses before this committee.

Can I now hand over to Mr Stroud who will speak to the Committee about the OPI's experience in respect of allegations of bullying in SA Health.

Opening statement of Director OPI Mr Stroud

Between 2 September 2013 and 20 March 2019 the OPI received and assessed 1,004 complaints and reports relating to SA Health, comprising 821 reports and 183 complaints.

Can I ask Committee members to refer to **Table 1 on page 12**, which provides a breakdown of complaints and reports relating to SA Health received and assessed by the OPI for each financial year.

Committee members will see the number of complaints and reports received has steadily increased each year, with the exception of 2016-17.

Based upon current levels the OPI anticipates receiving around 285 complaints and reports about SA Health in this financial year.

The graph at **Figure 1 on page 13** breaks down the complaints and reports received by reference to the Department or relevant Local Health Network.

As the graph indicates the Central Adelaide Local Health Network has been the health entity the subject of the highest number of complaints and reports made to the OPI, comprising 179 reports and 61 complaints.

The Women's and Children's Health Network had the lowest number of complaints and reports with 44 reports and 8 complaints.

Can I turn now to complaints and reports about SA Health where the primary issue was bullying and/or harassment.

It should be understood that complaints and reports received by the OPI will often involve multiple issues.

As part of the OPI registration process the primary issue will be catalogued. It may be that bullying and/or harassment is raised as an ancillary issue that is not picked up in the statistics I am about to refer to.

Between 2 September 2013 and 20 March 2019 the OPI received and assessed 54 complaints and reports relating to SA Health where the primary issue was bullying and/or harassment, comprising 37 reports and 17 complaints.

This represents 5% of the total number of complaints and reports the OPI has received and assessed regarding SA Health.

Committee members will see at **Figure 2 on page 13** a graph which sets out the complaints and reports received by the OPI relating to SA Health where the primary issue was bullying and/or harassment, separated by financial year.

You will see that the highest number of matters received by the OPI was in the financial year 2015-16 with a total of 11 complaints and reports. However, in the present financial year to 20 March 2019 the OPI has received and assessed 9 such complaints and reports.

On **page 14** Committee members will see a table and pie chart identifying the number of complaints and reports received by the OPI relating to bullying and/or harassment by reference to the Local Health Network or Department.

Can I conclude by advising the Committee of what was done with the 54 complaints and reports I have referred to.

Twenty nine complaints and reports (or 54%) were referred to the Chief Executive of the Department for Health and Wellbeing for investigation.

In respect of the remaining twenty five matters it was determined that no further action would be taken.

The reasons for taking no action can vary.

On a number of occasions insufficient information was provided by the complainant or reporter or the conduct raised was insufficient to assess the matter as raising a potential issue of misconduct as defined in the ICAC Act.

In some instances complainants or reporters remained anonymous, which made it difficult for the OPI to obtain additional information or to seek clarification regarding the allegations, which was considered necessary in order to make a proper assessment.

A number of complaints and reports were determined to require no further action as the Department or another agency were presently investigating the matter or had already investigated the matter.

The OPI has also received complaints or reports alleging bullying which upon further enquiry established the complainant or reporter is or was the subject of appropriate performance management and, accordingly, no further action was taken.

Definitions of corruption, misconduct and maladministration (section 5 – ICAC Act)

- (1) **Corruption in public administration** means conduct that constitutes—
- (a) an offence against Part 7 Division 4 (Offences relating to public officers) of the Criminal Law Consolidation Act 1935, which includes the following offences:
 - (i) bribery or corruption of public officers;
 - (ii) threats or reprisals against public officers;
 - (iii) abuse of public office;
 - (iv) demanding or requiring benefit on basis of public office;
 - (v) offences relating to appointment to public office; or
 - (b) an offence against the Public Sector (Honesty and Accountability) Act 1995 or the Public Corporations Act 1993, or an attempt to commit such an offence; or
 - (ba) an offence against the Lobbyists Act 2015, or an attempt to commit such an offence; or
 - (c) any other offence (including an offence against Part 5 (Offences of dishonesty) of the Criminal Law Consolidation Act 1935) committed by a public officer while acting in his or her capacity as a public officer or by a former public officer and related to his or her former capacity as a public officer, or by a person before becoming a public officer and related to his or her capacity as a public officer, or an attempt to commit such an offence; or
 - (d) any of the following in relation to an offence referred to in a preceding paragraph:
 - (i) aiding, abetting, counselling or procuring the commission of the offence;
 - (ii) inducing, whether by threats or promises or otherwise, the commission of the offence;
 - (iii) being in any way, directly or indirectly, knowingly concerned in, or party to, the commission of the offence;
 - (iv) conspiring with others to effect the commission of the offence.
- (2) If the Commissioner suspects that an offence that is not corruption in public administration (an **incidental offence**) may be directly or indirectly connected with, or may be a part of, a course of activity involving the commission of corruption in public administration (whether or not the Commissioner has identified the nature of that corruption), then the incidental offence is, for so long only as the Commissioner so suspects, taken for the purposes of this Act to be corruption in public administration.

- (3) **Misconduct in public administration** means—
- (a) *contravention of a code of conduct by a public officer while acting in his or her capacity as a public officer that constitutes a ground for disciplinary action against the officer; or*
 - (b) *other misconduct of a public officer while acting in his or her capacity as a public officer.*
- (4) **Maladministration in public administration**—
- (a) *means—*
 - (i) *conduct of a public officer, or a practice, policy or procedure of a public authority, that results in an irregular and unauthorised use of public money or substantial mismanagement of public resources; or*
 - (ii) *conduct of a public officer involving substantial mismanagement in or in relation to the performance of official functions; and*
 - (b) *includes conduct resulting from impropriety, incompetence or negligence; and*
 - (c) *is to be assessed having regard to relevant statutory provisions and administrative instructions and directions.*
- (5) *Without limiting or extending the conduct that may comprise corruption, misconduct or maladministration in public administration, this Act applies to conduct that—*
- (a) *occurred before the commencement of this Act; or*
 - (b) *occurs outside this State; or*
 - (c) *comprises a failure to act; or*
 - (d) *is conduct of a person who was a public officer at the time of its occurrence but who has since ceased to be a public officer; or*
 - (e) *is conduct of a person who was not a public officer at the time of its occurrence but who has since become a public officer.*
- (6) *A reference in subsection (3) to a code of conduct does not include any statement of principles applicable in relation to the conduct of members of Parliament.*

Definition of serious or systemic (section 4(2) – ICAC Act)

- (2) *For the purposes of this Act, misconduct or maladministration in public administration will be taken to be **serious or systemic** if the misconduct or maladministration—*
- (a) *is of such a significant nature that it would undermine public confidence in the relevant public authority, or in public administration generally; and*
 - (b) *has significant implications for the relevant public authority or for public administration generally (rather than just for the individual public officer concerned).*



**COMPLAINTS AND
REPORTS TO THE OFFICE
FOR PUBLIC INTEGRITY**

Complaints and reports to the Office for Public Integrity

Annual statistics

The following table shows the number of complaints and reports received by OPI relating to SA Health.

TABLE 1. ANNUAL STATISTICS (FINANCIAL YEAR)	TOTAL RECEIVED	REPORTS	COMPLAINTS
2013-14	79	54	25
2014-15	108	87	21
2015-16	178	154	24
2016-17	177	163	14
2017-18	248	192	56
2018-19 (AS AT 20 MARCH 2019)	214	171	43
TOTAL	1,004	821	183

Based upon current levels the OPI anticipates receiving around 285 complaints and reports about SA Health in this financial year.

Complaints and reports by Local Health Network / Department

Figure 1 on page 13 represents the total number of complaints and reports received by the OPI 2 September 2013 to 20 March 2019 based on the SA Health entity.

Complaints and reports made about conduct in the Department for Health and Wellbeing (as opposed to a Local Health Network) are captured under the heading 'DHW/SA Health', as are complaints and reports where the specific SA Health entity could not be determined.

Workplace bullying and/or harassment

Between 2 September 2013 and 20 March 2019 the OPI received 54 complaints and reports relating primarily to bullying and/or harassment in SA Health (37 reports and 17 complaints).

Complaints and reports about bullying and/or harassment in SA Health make up around 5% of the total number of complaints and reports received by the OPI about SA Health.

Figure 2 on page 13 sets out the number of complaints and reports received by the OPI each year relating primarily to bullying and/or harassment in SA Health.

FIGURE 1. COMPLAINTS AND REPORTS BY LOCAL HEALTH NETWORK / DEPARTMENT

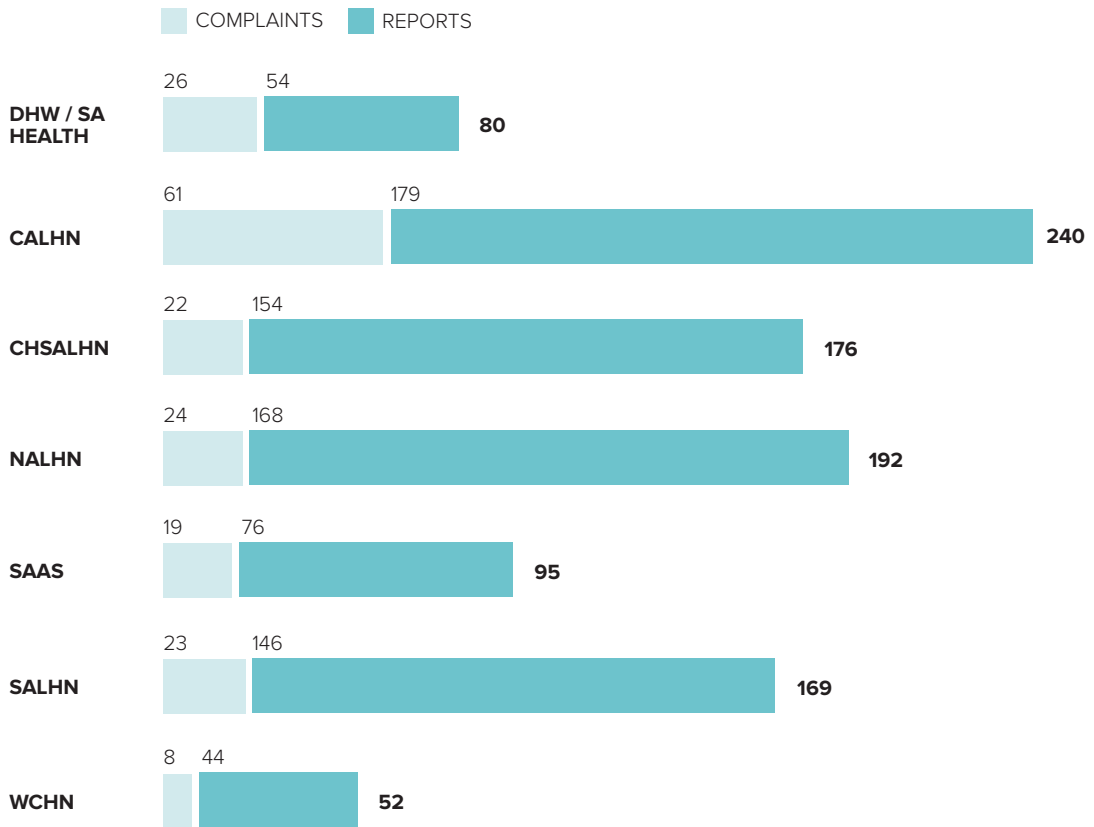
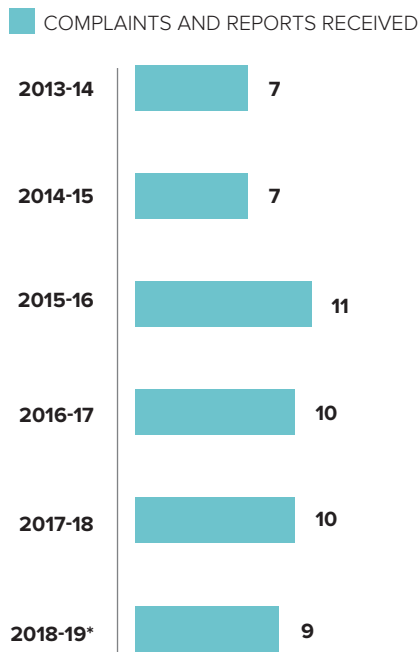


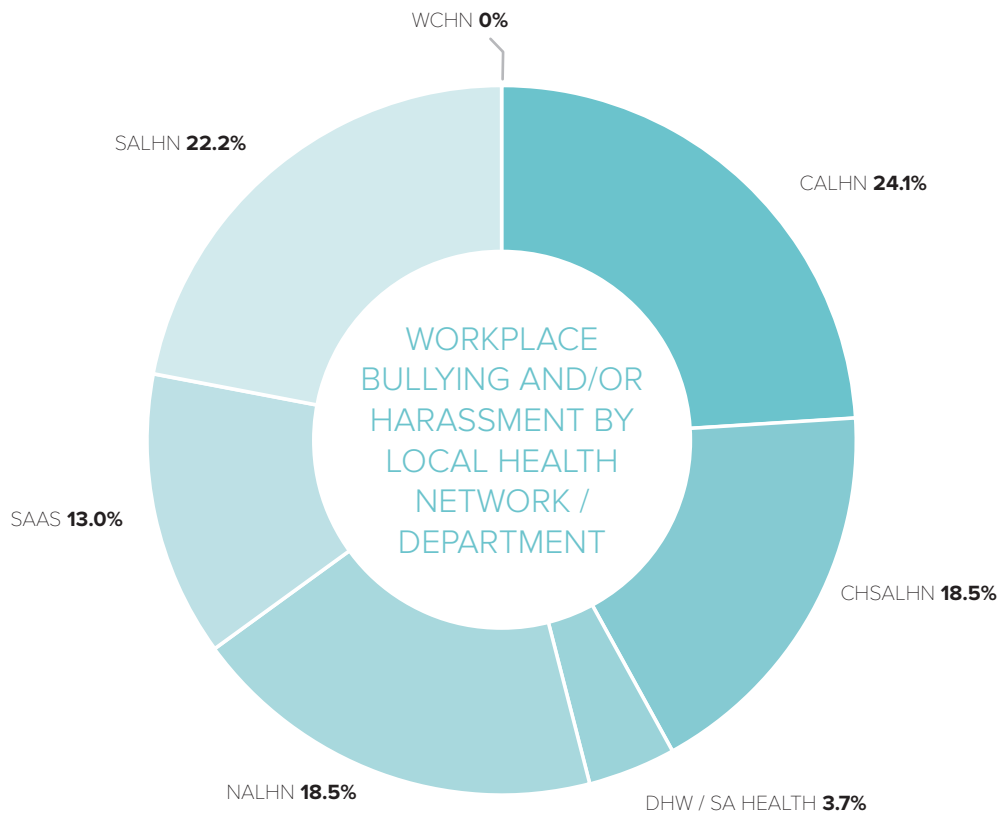
FIGURE 2. BULLYING AND/OR HARASSMENT COMPLAINTS AND REPORTS RECEIVED BY FINANCIAL YEAR



*AS AT 20 MARCH 2019

Workplace bullying and/or harassment by Local Health Network / Department

TABLE 2. WORKPLACE BULLYING AND/OR HARASSMENT BY LOCAL HEALTH NETWORK / DEPARTMENT	TOTAL RECEIVED	REPORTS	COMPLAINTS
CALHN	13	11	2
CHSALHN	10	6	4
DHW / SA HEALTH	2	2	0
NALHN	10	5	5
SAAS	7	6	1
SALHN	12	7	5
WCHN	0	0	0
TOTAL	54	37	17





**ICAC PUBLIC INTEGRITY
SURVEY 2018:
QUALITATIVE RESPONSES**

ICAC Public Integrity Survey 2018: Qualitative responses

Of the 3,038 participants who identified as working in the Department of Health and Ageing or a Local Health Network, 566 participants made substantive comments.

Of the 566 responses received from participants identifying themselves as working for SA Health, 125 (22.1%) specifically mentioned bullying and/or harassment.

Typically, this conduct was mentioned in a general way, rather than elaborating on any specific behaviours or events. For example:

“I have witnessed many instances of bullying/harassment.”

“I have seen awful bullying & been bullied myself.”

“Bullying culture is rife in SA Health among Nursing Hierarchy.”

“SA Ambulance currently has a toxic culture of bullying, harassment, coercion, nepotism within upper management permeating down through the workforce. People talk to me but are too scared to say anything formally. Some are too scared to go to the toilet, and they take their rubbish home so they don't have to walk past their managers [sic] desk.”

“Bullying and favouritism is ripe within RAH.”

“BULLYING AND HARRASSMENT [sic] IN THE WORKPLACE AT FMC NEEDS TO BE DEALT WITH INCLUDING MANAGERS”

“There is a toxic dynamic and an epidemic of bullying, however as it occurs to the staff and not the patients, it isn't considered important and it continues.”

“There is an enormous amount of bully [sic] and harassment from TQEH senior staff towards RAH staff.”

“Missmanagement [sic], bullying and harassment [sic] is rife within the hospital specialty at which I work.”

“After having our names given to the people we were reporting, we suffered harassment [sic] and bullying for years.”

“A strong culture of bullying and one-up man ship.”

Sources of bullying and/or harassment

A total of 122 participants mentioned that those in more senior roles could engage in poor conduct. Of those participants who specifically mentioned bullying behaviour, 65 mentioned management. For example:

“Bullying is rife within this organisation, managers bully staff on the floor who they have a grudge against or who they just don’t like”

“It is very difficult to escalate bullying when it is one of your managers”

“Bullying is the trickiest one. How does one report their manager without suffering the consequences.....”

“I have witnessed a senior manager bully my colleagues but am aware I would have to leave my job if I told anyone and don’t feel my concerns would either be taken seriously or that they would be confidential.”

“I have not personally been bullied but it does go on regularly in nursing. We care for others well but not our own. The higher you go up the ladder in nursing the more of a bully you can become due to pressure from above to meet standards and time frames.”

“SA Health is particularly corrupt -the incestuous renaming of positions and nepotism in SA Dental is appalling [sic] but the abuse from your [sic] so called managers and medium level managers and layer upon layer of managers with few clinicians is amazing!”

“Staff are too scared to report seniors as they make our lives difficult. We are bullied into towing the company line and our reporting system is a joke. When we report things like unsafe staffing issues, the managers delete our reports so they go no further.”

“So often, the people doing the bullying in the work place are the same ones over and over and management are well aware of them but fail to make them accountable for their actions due to their seniority.”

“People in power have always been allowed to bully others and behave in a way that it [sic] unprofessional.”

Consequences of reporting

Forty two participants expressed concerns about negative repercussions as a result of reporting poor conduct. For example:

“I did not feel able to report bullying as I feel I would have been denied future opportunities.”

“People are scared to report for fear of getting the sack.”

“...what is the point of potentially risking your livelihood by reporting any concerns you may have regarding misconduct of a person in a position of power.”

“Yes some of the staff will not take any bullying from management further for fear of consequences!!!!”

“The system protects itself. Middle level workers are vulnerable to bullying and raising your head guarantees the chop.”

“Everyone sees this and knows that reporting has consequences. It appears that the more unprofessional you are and the more you bully the higher positions you are given.”

“If I were to report issues I would be mistreated & victimised. I have experienced this first hand in the past.”

Some participants (40) reported directly experiencing or observing repercussions from reporting. For example:

“Having been a whistle blower had [sic] ruined my working relationships and I had to apply to move to another site. Unfortunately my next position was within the same department and I have had an awful working relationship- especially with management.”

“In my experience I have reported what I felt was inappropriate conduct of my direct senior and consequently was at a grievance meeting targeted directly. This was threatening to my on going professional identity so I now say nothing.”

“When I made an anonymous report of misconduct, management sent an email insisting that the reporter identify themselves. I phoned HR and was told I could remain anonymous. However the manager bullied staff so I owned up so they wouldn't be targeted anymore. It was horrible.”

“I am biased. I blew the whistle. I got sacked - until I fought that - then just my reputation and career were ruined, and of course the PTSD.”

“A friend of mine complained her that her [sic] superior was doing his private work in work time. Her complaint was not properly addressed and she was basically forced to resign with a payout.”

“Howver [sic], in my last place of work within the same department, I experienced ongoing bullying and harrassment [sic] from my then Coi-ordinator [sic] and Manager. I liaised with my union and Snr Management, but made the decision it was more in my interests to get out of that extremely toxic workplace then to try to address the issues. However, the impact that workplace had on my mental health, on my physical health, on my family life is significant. It also had a detrimental impact on my work.”

“I reported an assault on a staff member to my nursing director, she said ‘that staff member can go to the police if she wants to’. I and another colleague reported this ND for bullying, my colleague was told by HR ‘we didn’t [sic] think you were serious’. The same manager suspended her 1 month later. When I expressed concern to HR initially they were supportive, then they simply didnt [sic] respond any more at all. My complaint was not followed up so I left.”

“I did report misconduct more than 5 years ago to the head of the SA Government Department I was working for at the time. No changes were made. I resigned.”

Some participants observed that reporting leads to the reporter being labelled a trouble maker. For example:

“Reporting to management is an ‘at your own risk’ activity. They either use it as a tool for payback or you are exposed as a trouble maker. Bad attitude and abuse of power is rife and there is no-one to tell because they all do it.”

“...when you raise an issue it is never heard of again When raised again you are then performance managed and so on...”

“I believe the government does have good policies in place but these policies are more to satisfy a legal requirement rather than an intent to follow those policies. I know of people who have taken issues to the highest level in our department and there has been no action taken. It just means the person reporting the issue is seen to be a trouble maker.”

“Formal complaint after formal complaint has been lodged and still nothing changes or happens. We just become so victimised for making the complaint that there is no option but to move on.”

“I know of people who have taken issues to the highest level in our department and there has been no action taken. It just means the person reporting the issue is seen to be a trouble maker.”

“Another incident that I reported left me feeling that I was a trouble maker. It would have been easier to take a sick day when rostered with a particular worker that I had complained about. I think that often the people in management are ‘yes’ people and do not like to address significant issues that are occurring in the organisation.”

“Whistle blowers cannot breathe without it being a potential disciplinary action. I have been told recently that if I entered an event onto our SLS reporting system it would go no further than the EO.”

“The process of complaining to your manager is archaic and sometimes backfires because you are considered to be a problem person rather than just a victim. there is a huge stigma for complainees. I have had two bad experiences in my time here, one involving racist remarks the other was blatant misuse of power and misleading management to get rid of my position and eventually fire me.”

“Complaints internally are dealt with by workforce, workforce launch an investigation into the reporters conduct and do NOT investigate the report, this way management is protected”

“True misconduct is rarely reported because those carrying it out are powerful and have the upper hand when dealing with administration. Minor offences which are usually a consequence of ongoing harassment and bullying are often reported by the aggressor and taken further so the victims are further victimised. Those who bully the most make all the rules and also seem to oversee the reporting process. The system is broken, easily open to manipulation, used itself as a tool for harassment and does not protect the vulnerable.”

“HR Department has been ‘weaponized’ in S.A. Health to push/intimidate staff into complying with managerial/executive/and political decisions (under ‘Transforming Health’. If you speak out, HR can be used to ‘investigate’ you, with no transparency or accountability for HR or executives.”

Utility of reporting

Fifty seven participants commented upon the utility of reporting poor conduct. For example:

“There is no one to report anything to who will respond appropriately and so there is no point.”

“A senior doctor once asked me for sex. Hes [sic] known to be cheeky and im [sic] sure he was joking. but im [sic] confused why he felt like he wanted to say that! he told me not to tell anyone. as hes [sic] in such a senior role and needed due to staff shortage I have no hope that he would be reprimanded at all”

“Main concern is bullying/harrassment [sic] by senior staff in Health. Have spoken up about it but nothing will ever change.”

“Bullying by managers is common and despite reporting to HR - is not dealt with but swept under the mat.”

“The internal processes for staff at any level to report ongoing bullying and especially by higher levels is not working.”

“People that work for the government presume that they can never be sacked. This has bred bullying and laziness and nothing gets done about it. You will find that places where work performance is behind/ poor there is generally bullying and laziness. I actually studied and got out of the department I was working in because nothing was ever done despite reporting to bosses.”

“I have witnessed many instances of bullying/harassment. Staff have written formal statements about this to senior managers and those managers have done very little about it. These managers should be held more accountable - I know of at least 5 staff members who have left the organisation due to the lack of action taken against this staff member. Such a loss of skill and knowledge to the organisation.”

Management of poor conduct

Some participants (40) suggested that poor conduct in SA Health was not being addressed by management or that the processes were ineffective. For example:

“I feel that often complaints are not taken seriously or validated as it is too hard for management to deal with.”

“We do not performance manage underperforming staff in our service- despite clear evidence this should occur.”

“Nothing will be done, the corruption will continue. I recently reported something and was basically told it was too hard to investigate.”

“Staff that cannot be managed or are difficult to manage seem to be given promotions as a way of getting ‘rid’ of them from departments. Some that work hard just seem to get bullied.”

“There is also a culture of cover up that needs to be addressed. Management and HR not addressing staff concerns.”

“There is a need for cultural change. The too hard issues such as bullying by senior people get ‘accepted’ because of their perceived value to the organisation.”

“Management are too afraid to manage bad performance Manager has ability to hire relative without due process Some staff have been in their positions too long and are not willing or able to adapt, change or improve their work practices Poor performance is not addressed”

“Most of the time HR is completely ineffective as a manager or as an employee. They never seem to be accountable for failing to support you/staff, yet i am accountable for everything i do. I have underperforming staff who are costing taxpayers money, but getting assistance from HR is impossible, and when it actually comes, the manager is made to an inordinate amount of work that never results in discipline/moving of the underperforming troublemaking staff member - it is a complete waste of time.”

“There is often no where to go for help as both internal and external management of people who are known to be doing the wrong thing is extremely poor.”

“The people with bad behaviour get away with it because the organisations are gutless. This discourages people from reporting, as they think it will not be dealt with effectively and their own situation will be worse”

ACRONYMS

DHW	Department for Health and Wellbeing
CALHN	Central Adelaide Local Health Network
CHSALHN	Country Health SA Local Health Network
NALHN	Northern Adelaide Local Health Network
SAAS	SA Ambulance Service
SALHN	Southern Adelaide Local Health Network
WCHN	Women's and Children's Health Network



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