

# AIDA

## 2017 Report

Report on the findings of the 2016 AIDA member survey on bullying, racism and lateral violence in the workplace.



Australian Indigenous Doctors' Association

# Report

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## **Report on the findings of the 2016 AIDA member survey on bullying, racism and lateral violence in the workplace.<sup>1</sup>**

### **Preface**

*'[...] racism has had and continues to have a real and damaging impact on the health of Aboriginal and Torres Strait Islander people. [It is] embodied in dubious practices, disparities in access and subtle variations in effort within health and other institutions and programs [and] it is clear that full health equity cannot be achieved until racism [...] can be overcome.'*<sup>2</sup>

At the Australian Indigenous Doctors' Association (AIDA), we have become increasingly concerned with reports from our members that bullying, racism and lateral violence are common occurrences in their workplaces. Generic Australian data on the impact of doctors' and medical students' experiences of racism supports those reports.<sup>3</sup>

Systemic racism as well as racist remarks or behaviour, and inadequate reporting and follow-up mechanisms hinder the retention and growth of the Aboriginal and Torres Strait Islander medical workforce.

Creating culturally safe learning and working environments are positive actions that help overcome racism, and support and encourage Aboriginal and Torres Strait Islander medical students and doctors.

These actions are also an important part of broader efforts to create an overarching *culturally safe health system*.

A culturally safe health system is:

*spiritually, socially and emotionally safe, as well as physically safe for people; where there is no assault challenge or denial of their identity, of who they are and what they need.*<sup>4</sup>

This extends beyond cultural 'awareness' and cultural 'sensitivity'. It requires that all human beings receive services that take into account all that makes them unique.

For AIDA, this means shaping the health care system in which our doctors work, our graduates train, and our people seek medical care and support to live long and healthy lives.

### **The AIDA member survey on bullying, racism, and lateral violence in the workplace ('the survey')**

In 2016 AIDA surveyed members about the prevalence of workplace bullying, racism and lateral violence in their work and learning environment, and its result impacts. We developed the survey to inform our work preparing policies to reduce the frequency and counter the detrimental effects of those experiences. We also used the survey results to support our submission to the Senate review of the medical complaints process in Australia<sup>5</sup>, and our policy statement on racism in Australia's health system.<sup>6</sup> In addition, the survey results inform our mentoring program and our ongoing collaboration with medical colleges, universities and government to improve cultural safety. The survey was open only to AIDA members and was framed in four sections, which are reflected in this report's structure.

## Executive summary

The survey results confirmed the existence of bullying, racism and lateral violence, and the reality and prevalence of unsafe work environments, particularly for AIDA's Aboriginal and Torres Strait Islander members. Respondents also reported that perpetrators were often senior colleagues. This highlights the vulnerabilities inherent to the power differential in the relationship between students, junior doctors, or trainees and their supervisors.

AIDA has a zero-tolerance position on bullying, racism and lateral violence, recognising that the impact those experiences have on individuals and on workplaces can be devastating. This is apparent through the experiences of bullying, racism, or lateral violence described by respondents in the survey.

10% of Aboriginal and Torres Strait Islander survey respondents chose to largely conceal their identity in their workplaces for fear of bullying and racist stereotyping.

Respondents described incidences in which systemic racism remained un-addressed and has become condoned workplace behaviour. Some respondents were subjected to avoidance and exclusion, stereotyping, and demeaning and racist comments. Others reported that their Indigenous identity had been doubted or belittled, or that they had been accused of gaining advantage by 'playing the race card'. Respondents were humiliated in front of colleagues and/or patients on the basis of their Aboriginality, and some reported intimidation resulting in resignation and even threats of physical violence.

More than 48% of Aboriginal and Torres Strait Islander respondents had experienced either a few incidents per month, or daily incidents of bullying, racism and lateral violence in their workplaces. Only 43% of those who experienced these incidents reported them. A further 14% of respondents preferred not to say.

The survey also exposed a strong lack of trust and disillusionment in existing reporting procedures and mechanisms. This supports the need for systemic reform, not just a focus on individual cases. Such reform is a long process that requires cultural safety, independence, and confidentiality. These suggestions align with the findings of the 2016 Senate inquiry into medical complaints processes.<sup>7</sup>

About half of Aboriginal and Torres Strait Islander respondents reported that colleagues had a negative reaction to their cultural identity, with misconceptions about perceived privileges and easier pathways into and through medicine for Indigenous Australians being the most commonly cited reaction.

Most Aboriginal and Torres Strait Islander respondents believed that their identity positively influenced their own approach towards colleagues and patients. However, in turn respondents were concerned that colleagues, and sometimes patients, viewed that identity negatively.

Less than one-in-ten respondents believed that existing workplace policies and procedures offered accessible and adequate support – both for victims and for perpetrators.

Half of the Indigenous respondents reported that they felt their workplace was mostly culturally safe, with the other half feeling safe only sometimes, rarely, or not at all. Where respondents did feel safe, their workplaces tended to have a culturally-diverse workforce and a higher level of knowledge about, and experience in, Aboriginal and Torres Strait Islander health issues.

Survey respondents also proposed actions to improve cultural safety in their workplaces, including mandatory and regular cultural safety training for all health professionals, and clearer complaints follow up procedures.

## **Section one – general information**

Despite the complexity of the issues and the sensitive nature of the questions covered in the survey, AIDA received 53 survey responses, reflecting the relevance of the survey topics to AIDA's membership.

Of the total 53 respondents, 81% were female, 79% Aboriginal and/or Torres Strait Islander, and 21% non-Indigenous.

Some 90% of the 42 respondents identified as Aboriginal and/or Torres Strait Islander and openly did so in their workplace, with 75% indicating pride in their identity and culture as the main reason for doing so. The remaining 10% chose to only identify to some, with fear of bullying and racist stereotyping provided as the reason for their caution.

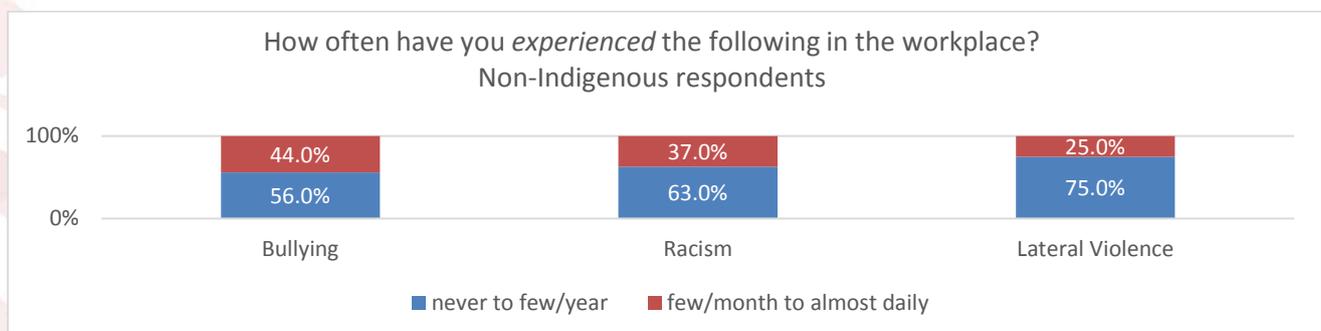
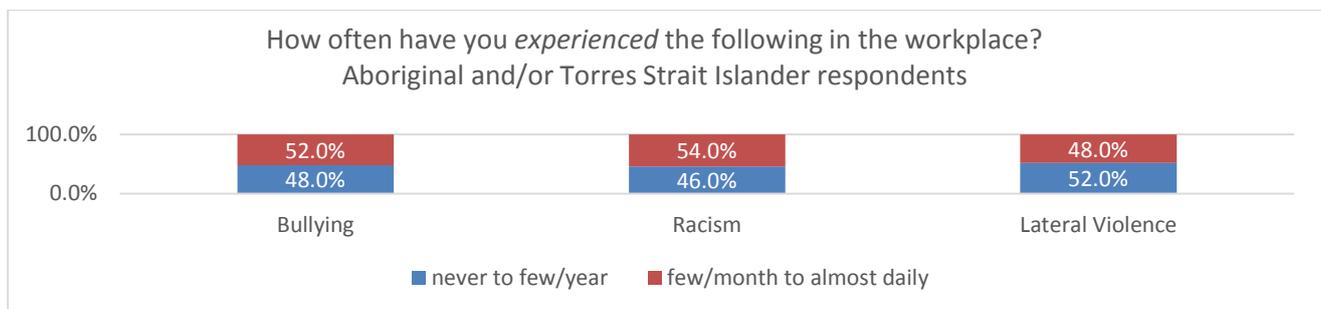
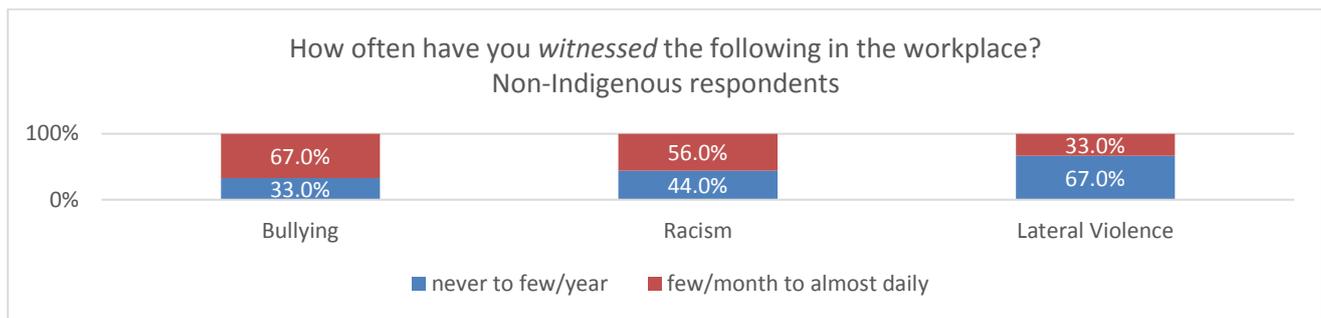
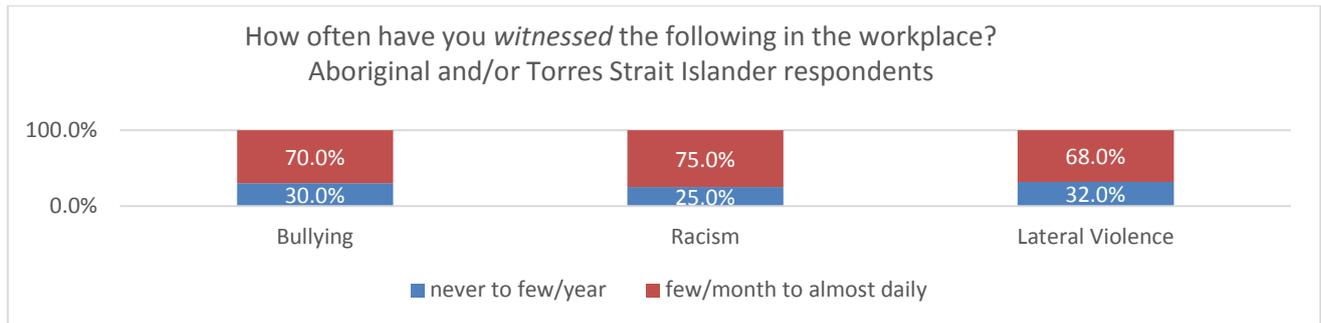
## Section two – personal experiences of bullying, racism and lateral violence

In this section the survey asked respondents:

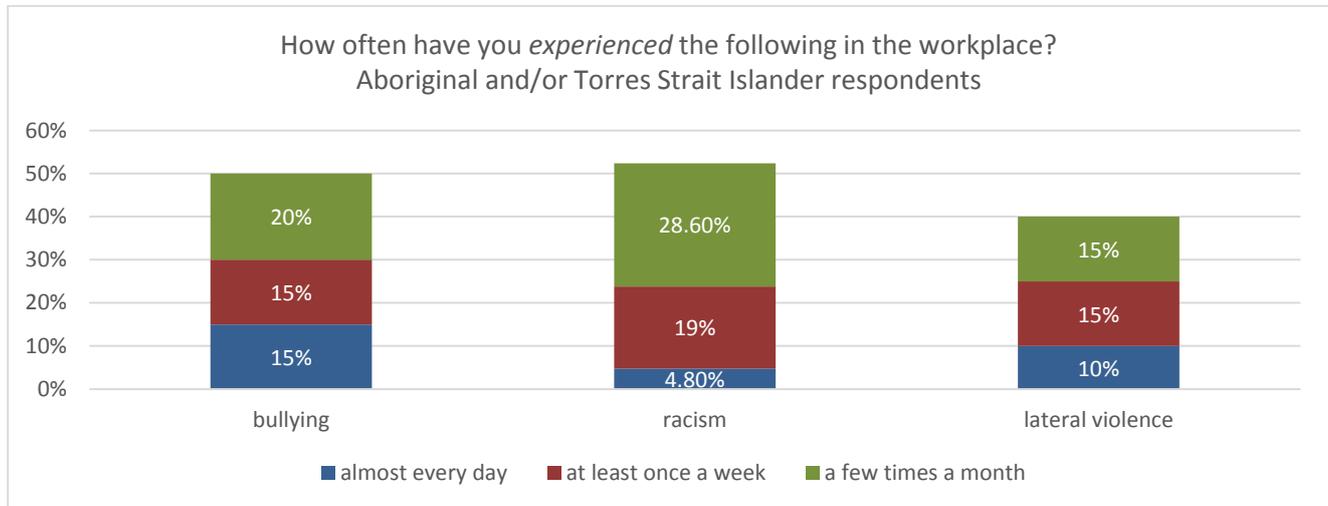
- how often they witness or experience bullying, racism or lateral violence in the workplace
- whether and why they reported the incidents or didn't, and
- how being Aboriginal and/or Torres Strait Islander impacts their relationships with colleagues and patients.

### Experiences of bullying, racism and lateral violence

Aboriginal and Torres Strait Islander respondents witnessed and experienced bullying, racism and lateral violence at a higher level than their non-Indigenous colleagues.



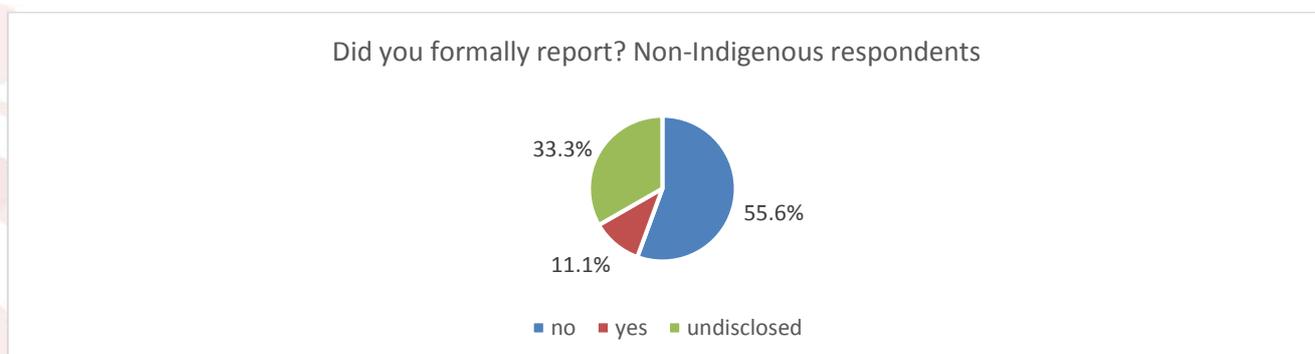
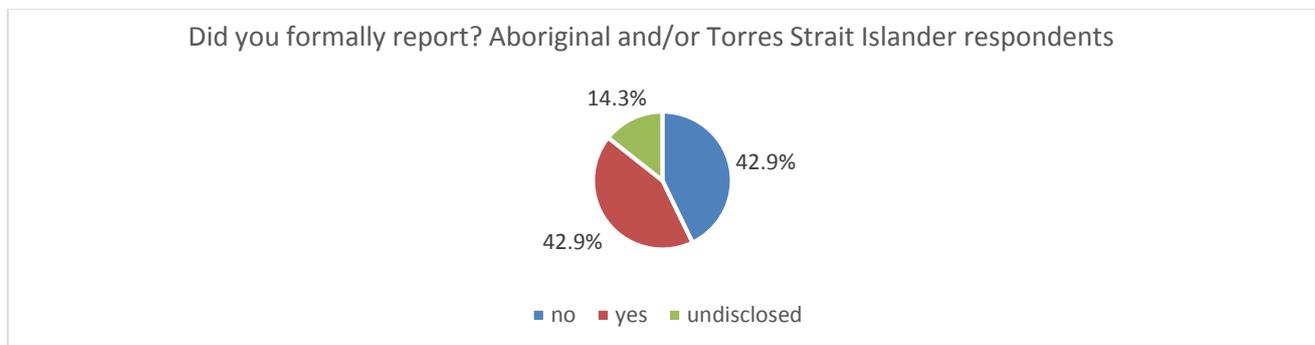
Three-quarters of the respondents identified as Aboriginal and/or Torres Strait Islander. Of these, about half experienced bullying *and* racism *and* lateral violence on a regular basis. Only 7% had *not* experienced any bullying, 11% any racism, and 19% any lateral violence within the last year.



Only nine non-Indigenous respondents reported witnessing or experiencing bullying, racism and lateral violence. However, the results suggest that bullying, racism and lateral violence may reflect a reality in medical workplaces regardless of cultural background and identity.

### Reporting

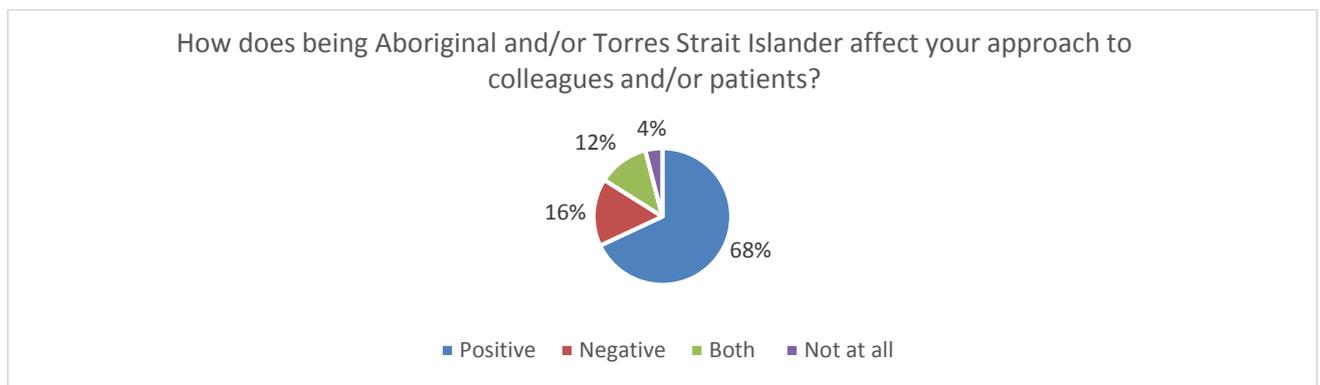
When asked whether they had formally reported the last incident, 43% of Aboriginal and Torres Strait Islander respondents indicating that they had, while 43% had not. A further 14% preferred not to say. Although again lower in numbers, of the nine non-Indigenous respondents, only one reported, three did not and five preferred not to say.



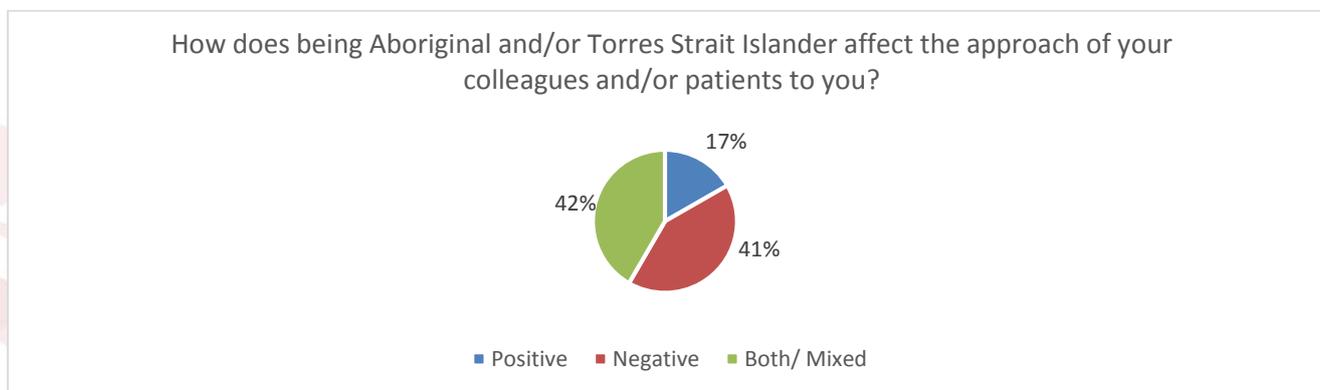
When respondents were asked what happened when they *did* report an incident, the vast majority stated that their complaint was not followed up, or that they had experienced negative repercussions as a result of reporting. These responses were mirrored by those who chose not to report incidents; with the majority fearing personal repercussions or not trusting the reporting mechanisms or confidentiality in their workplace. The remainder of respondents reported resolving issues with the perpetrators directly.

**How does being Aboriginal and/or Torres Strait Islander affect your approach to colleagues and patients and their approach to you? <sup>8</sup>**

The majority of Aboriginal and/or Torres Strait Islander respondents stressed that being Aboriginal and/or Torres Strait Islander had a positive impact on their approach towards colleagues and patients. Respondents stated that their lived experience and insight had equipped them with patience, resilience and compassion and had contributed to a unique skill set that allowed them to establish more empathetic and holistic relationships with patients, and earned them their colleagues' respect.



When asked about how being Aboriginal and/or Torres Strait Islander might impact the way colleagues and patients react towards them, the answers were more nuanced. Most considered being Aboriginal and/or Torres Strait Islander to be beneficial for their relationship with Indigenous patients. Participating doctors also reported that their patients might not know, and at times would find their perception of who is Indigenous challenged when they found out. However, more than half of the respondents reported negative reactions from their non-Indigenous colleagues. They cited misconceptions about perceived privileges and easier pathways into and through medicine for Indigenous Australians as most common among the adverse reactions.



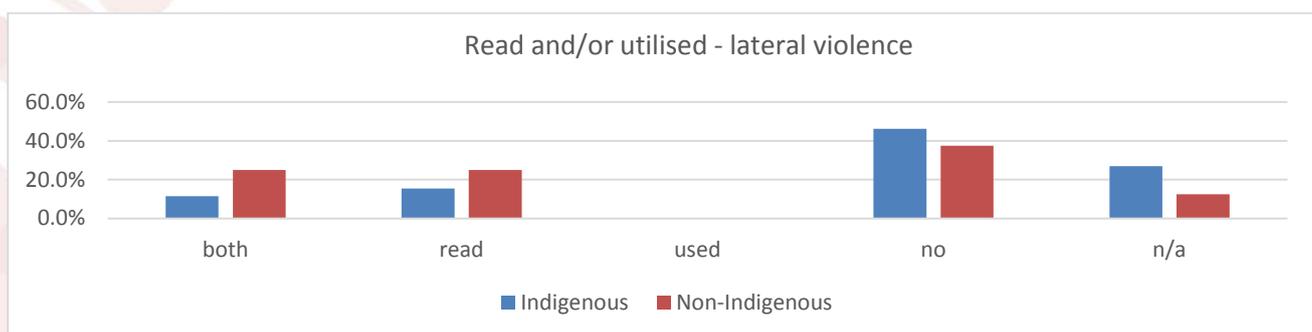
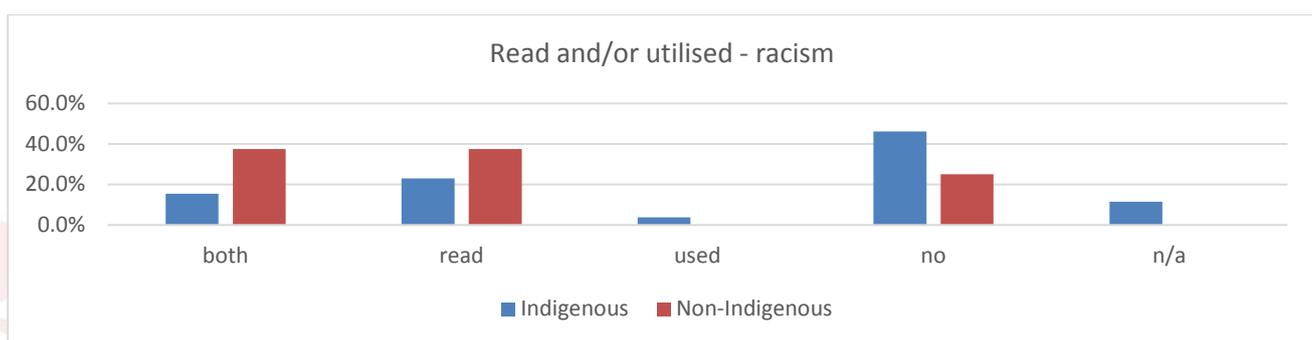
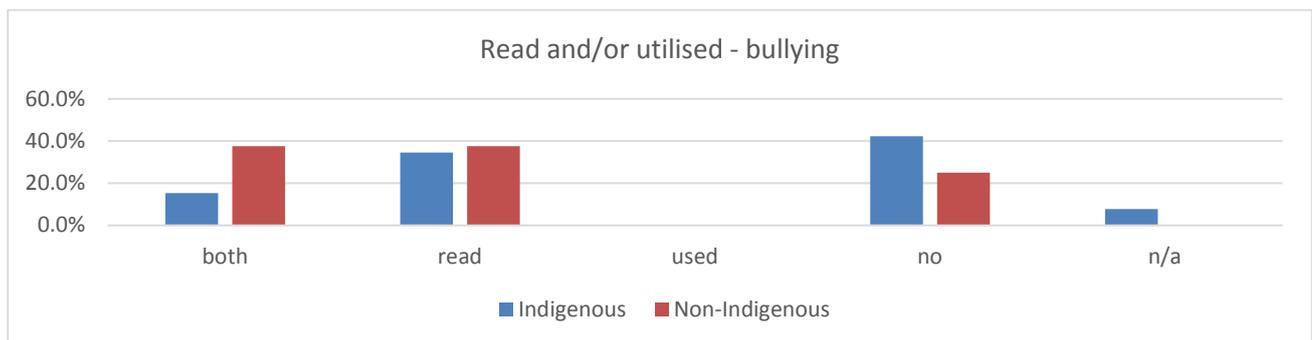
### Section three – workplace policies and support services

In this section respondents were asked

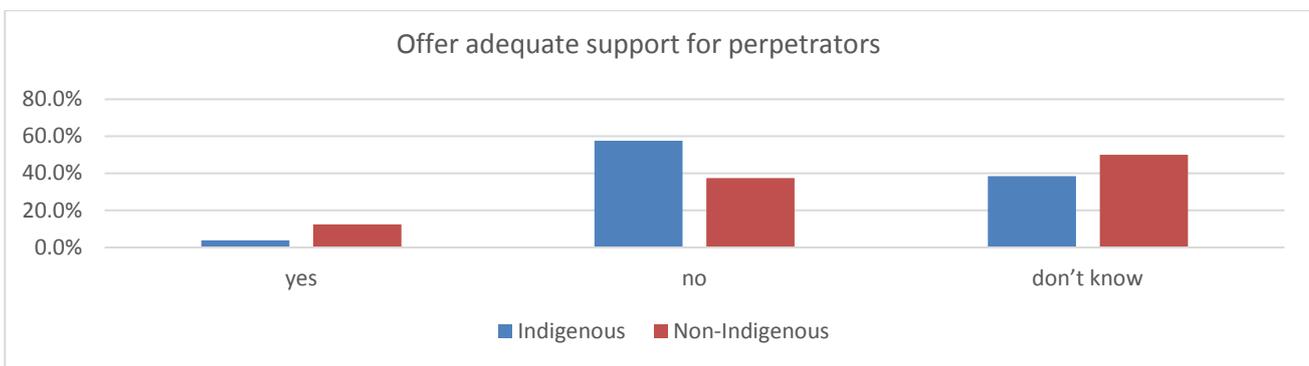
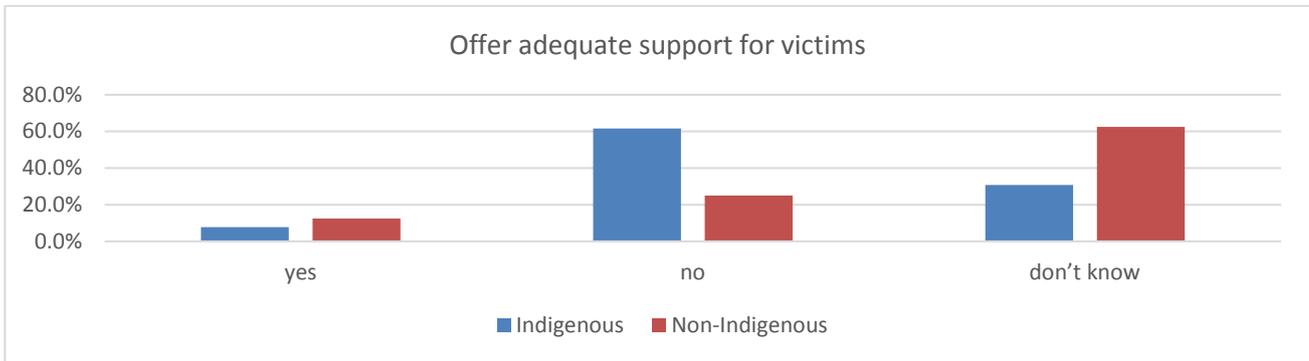
- whether their workplace had policies and complaints procedures in place to address bullying, racism and lateral violence
- whether they were familiar with and/or had used those
- whether they thought that those services were useful and provided adequate support for victims and perpetrators alike, and
- about workplace-based mentoring support networks and their usefulness.

Although more than half of the respondents confirmed that their workplace had policies and/or procedures in place to deal with bullying, racism, and lateral violence, almost one-quarter did not know, and the same number reported that their workplace policies and procedures did not cover lateral violence. The proportional responses of non-Indigenous respondents to this question were nearly identical to those of the Indigenous respondents.

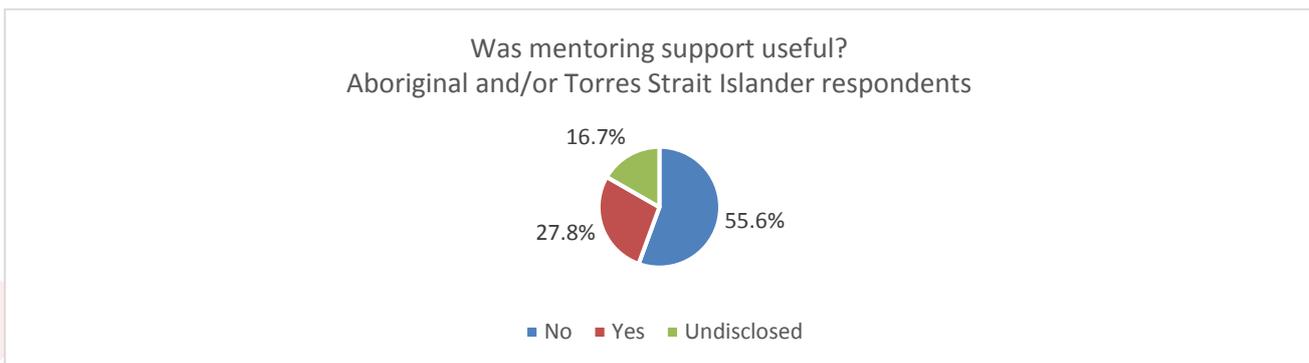
Approximately half of the Aboriginal and/or Torres Strait Islander, and three-quarters of the non-Indigenous respondents had read their workplace policies and procedures for bullying and racism, with those numbers being lower for policies and procedures relating to lateral violence. Less than one-in-five of the Aboriginal and/or Torres Strait Islander, and about a third of the non-Indigenous respondents reported using those policies and procedures.



When asked whether those policies and procedures offered accessible and adequate support—both for victims and perpetrators—the majority of respondents thought that they did not. Less than one-in-ten respondents believed that they did.



Where internal or external support services for victims of bullying, racism, or lateral violence were available in the workplace, the majority of respondents who had used those services did not find them helpful. However, respondents also stated that, while service providers might not have the knowledge required to effectively and sensitively deal with Aboriginal and Torres Strait Islander issues, those services might still be a good forum to debrief and provide victims with a sense of validation.



More than half of all Aboriginal and/or Torres Strait Islander respondents did not consider their workplace-based mentoring support networks useful, with the main criticism centring on the lack of availability of suitable mentors or mentor/mentee matching. While the existence of mentoring networks was described as positive, respondents noted that only functioning and actively supported networks could offer the required support. Overall, around 30% of the respondents found the mentoring support offered useful and 10% of those felt well supported in effective mentoring relationships.

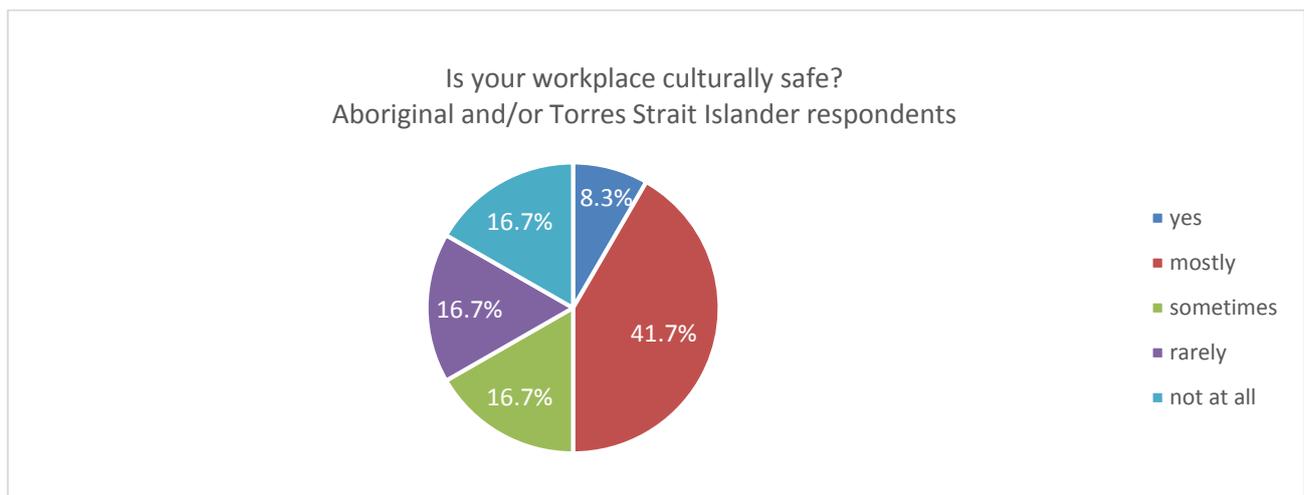
## Section four – cultural safety and suggestions for change

In the final section of the survey, respondents were asked if they felt their workplace was culturally safe and why.

Of the 31 respondents to the question, 24 were Aboriginal and/or Torres Strait Islander and seven non-Indigenous. Two respondents from each group described their workplace as culturally safe, while a larger proportion of Aboriginal and Torres Strait Islander respondents described theirs as mostly safe. Overall, just under 60% of the non-Indigenous respondents, and 50% of the Aboriginal and/or Torres Strait Islander respondents, described their workplaces as culturally safe, or mostly so. Those respondents stated that cultural safety in their workplace was supported by:

- a culturally diverse and/or majority-Indigenous workforce;
- extensive experience working with Aboriginal and Torres Strait Islander colleagues and patients; and
- mandatory internal programs and workshops on Indigenous health-related issues.

While such positive feedback on the cultural safety of respondents' workplaces is encouraging, it is important to note that a third of the Aboriginal and Torres Strait Islander respondents found their workplaces to be not at all, or only rarely culturally safe. A further 16% reported that they only sometimes felt culturally safe.



## Conclusion

AIDA notes the following points arising from the data obtained from the survey:

### 1. Racism is prevalent in the workplaces of AIDA's members

More than 60% of Aboriginal and/or Torres Strait Islander respondents to the survey had experienced racism *and/or* bullying almost every day, or at least once a week. AIDA is concerned about the frequency and range of racism occurring, but also about the degree of normalisation and acceptance of racism in the workplace, both on an individual and systemic level.

#### Respondents' proposed strategies:

- mandatory and regular cultural safety training for all health professionals, and
- mandatory cultural safety training as part of a support program offered to perpetrators to support their understanding and acceptance of the inappropriateness and far-reaching negative consequences of racist behaviours and attitudes.

### 2. Existing complaints and support processes are inadequate

Respondents repeatedly reported a lack of suitable complaints mechanisms and the insufficient application of those that do exist, and put forward a number of strategies they believed would re-establish trust in the complaints procedures.

#### Respondents' proposed strategies:

- processes for reporting and follow up actions must be clearly defined, explained and adhered to
- complaints processes must be handled independently of workplace setting to ensure they are not biased
- strict confidentiality must be guaranteed to avoid repercussions for the victims, and
- more comprehensive and ongoing cultural safety training for non-Indigenous staff (particularly those who manage incident reports) to improve the understanding of issues faced by Indigenous patients and staff.

### 3. More work is needed to improve workplace cultural safety as one step towards a culturally safe health system.

Effective measures to redress racist behaviours and attitudes in the workplace are essential; so are those addressing systemic racism. Clear policies and guidelines will help to shift the focus away from *reacting* to individual incidents on the level of personal problems and behaviour, to *preventing* them from happening on a systemic level by addressing the context that allows those incidents to happen.

#### Respondents' proposed strategies:

- increase respect for and acceptance of Aboriginal and Torres Strait Islander patients and staff and their cultural values and beliefs
- adopt a zero-tolerance approach to bullying, racism and lateral violence with the appropriate complaints processes and follow up actions in place to enforce this
- provide more support increasing the number of Indigenous health staff at all levels, and
- mandatory and regular cultural safety training for all employees.

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## Notes

<sup>1</sup> Data from this survey was also utilised for AIDA's policy statement on *Racism in Australia's health system* ([https://www.aida.org.au/wp-content/uploads/2015/03/Racism-in-Australias-health-system-AIDA-policy-statement\\_v1.pdf](https://www.aida.org.au/wp-content/uploads/2015/03/Racism-in-Australias-health-system-AIDA-policy-statement_v1.pdf)).

The survey questions can be found on the AIDA website (<https://www.aida.org.au/wp-content/uploads/2017/07/Online-survey-print-out.pdf>). Survey participants were asked to consider their responses considering the following definitions:

### BULLYING

'Bullying is when people repeatedly and intentionally use words or actions against someone or a group of people to cause distress and risk to their wellbeing. These actions are usually done by people who have more influence or power over someone else, or who want to make someone else feel less powerful or helpless. Bullying can be physical, verbal, emotional, and it also includes messages, public statements and behaviour online intended to cause distress or harm.' (<https://humanrights.gov.au/what-bullying-violence-harassment-and-bullying-fact-sheet>)

### RACISM

'Racism can be defined as organised systems within societies that cause avoidable and unfair inequalities in power, resources, capacities and opportunities across racial or ethnic groups.' (Paradies et al, 2015, '[Racism as a Determinant of Health: A Systematic Review and Meta-Analysis](#)')

Racism manifests itself in beliefs, stereotypes, prejudices or discrimination. It can be internalised or occur on an interpersonal or institutionalised and systemic level.

### LATERAL VIOLENCE

Lateral violence means peer-to-peer violence. In an Aboriginal and Torres Strait Islander context 'lateral violence is often described as 'internalised colonialism' and [...] includes [t]he organised, harmful behaviours that we do to each other collectively as part of an oppressed group: within our families; within our organisations and; within our communities. When we are consistently oppressed we live with great fear and great anger and we often turn on those who are closest to us.' (<https://www.humanrights.gov.au/publications/chapter-2-lateral-violence-aboriginal-and-torres-strait-islander-communities-social>)

<sup>2</sup> Arabena, K. 2013, 'Future initiatives to improve the health and wellbeing of Aboriginal and Torres Strait Islander peoples', *Medical Journal of Australia*, vol. 199, no. 1, p. 22, viewed 17/08/2016, <https://www.mja.com.au/journal/2013/199/1/future-initiatives-improve-health-and-wellbeing-aboriginal-and-torres-strait>.

<sup>3</sup> See for example beyondblue 2013, *National Mental Health Survey of Doctors and Medical Students*, viewed 18/07/2016, [https://www.beyondblue.org.au/docs/default-source/research-project-files/bl1132-report--nmhdms-full-report\\_web](https://www.beyondblue.org.au/docs/default-source/research-project-files/bl1132-report--nmhdms-full-report_web), and Expert Advisory Group on discrimination, bullying and sexual harassment 2015, *Report to the Royal Australasian College of Surgeons*, viewed 18/06/2016, <http://www.surgeons.org/media/22086656/EAG-Report-to-RACS-FINAL-28-September-2015-.pdf>. The findings of those reports are discussed in more detail in AIDA's Policy Statement on Racism in Australia's Health System, available on the AIDA website at: [https://www.aida.org.au/wp-content/uploads/2015/03/Racism-in-Australias-health-system-AIDA-policy-statement\\_v1.pdf](https://www.aida.org.au/wp-content/uploads/2015/03/Racism-in-Australias-health-system-AIDA-policy-statement_v1.pdf)

<sup>4</sup> Williams, R. (1999). 'Cultural safety – what does it mean for our work practice?' *Australian and New Zealand Journal of Public Health*, 23(2), 213-214.

<sup>5</sup> [https://www.aida.org.au/wp-content/uploads/2015/03/160513\\_Review-of-Medical-Complaints-Process\\_Final.pdf](https://www.aida.org.au/wp-content/uploads/2015/03/160513_Review-of-Medical-Complaints-Process_Final.pdf)

<sup>6</sup> [https://www.aida.org.au/wp-content/uploads/2015/03/Racism-in-Australias-health-system-AIDA-policy-statement\\_v1.pdf](https://www.aida.org.au/wp-content/uploads/2015/03/Racism-in-Australias-health-system-AIDA-policy-statement_v1.pdf)

<sup>7</sup> The full report of the Senate Inquiry can be found at

[http://www.aph.gov.au/Parliamentary\\_Business/Committees/Senate/Community\\_Affairs/MedicalComplaints45/Report](http://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Community_Affairs/MedicalComplaints45/Report).

<sup>8</sup> Rather than using the term 'identifying', the term 'being' is used in this context to allow consideration of the fact that not all Aboriginal and/or Torres Strait Islander respondents do openly identify, or that they do so on a selective basis.