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Australian Industrial
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Harmful Behaviours in the Workplace

A Literature Review



Prepared for Safe Work Australia

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Key messages

- Harmful behaviours are widespread and destructive in workplaces, eroding organisational culture and safety. They include a wide range of behaviours e.g. incivility, bullying, harassment, discrimination, and violence. Harmful behaviours vary in intensity, duration, and frequency. Harmful behaviours may affect anyone at the workplace whether the initiator is a manager, supervisor, colleague, customer, consumer of a service, or an opportunist external to the workplace seeking advantage or revenge.
- Harmful behaviours arise from organisational factors and as such are an organisational problem requiring an organisational response, led and supported by senior management.
- Australian work health and safety laws place obligations on persons conducting a business or undertaking to manage risks to health and safety for workers and others affected by their work. Meeting this obligation requires identifying hazards, assessing risks, implementing controls to eliminate risk, and where that is not reasonably practicable, to minimise the risk as far as reasonably practicable.
- The most effective interventions are multi-component, targeting hazards that arise from organisational structures, culture and leadership, work design and organisation, physical hazards, and individual characteristics (e.g. personality factors, having a vulnerability due to mental or physical health, disability, pregnancy, gender identity and orientation, race, ethnicity, age, or indigenous status).
- Intervention effectiveness is improved through co-design involving participation of those affected by the work. Managers, representatives of workers, and others at the workplace (e.g. patients, residents, consumers) should participate in the design and development of interventions to prevent and minimise harmful behaviours.
- Incivility is the most subtle but widespread of the harmful behaviours and may escalate into a spiral of more intense negative interactions, including overt bullying, harassment, discrimination and violence.
- Incivility acts as an early warning sign of uncontrolled psychosocial hazards in the work environment. It requires urgent attention to prevent and minimise escalation into other harmful behaviours, and to contain its spread through the organisation.
- The risk of harmful behaviours occurring, and the risk of harmful effects, increases through the combination and interaction of hazards, including organisational hazards (culture and leadership), work design and organisation (workload, job content, support, shift work), physical hazards (biological hazards, workplace layout), and individual factors. Risk also increases with combinations of harmful behaviours (e.g. harassment and discrimination may occur with bullying and violence). Collectively these exposures inflict a greater level of harm on individuals and the organisation.
- The most effective interventions:
 - adopt multi-component, prevention-focused approaches that are co-designed with workers and supported by senior management,
 - target multiple risk sources, are evidence-based, and informed by organisational data to develop performance measures, and are regularly evaluated,
 - are adequately resourced in terms of time, funding, and skilled personnel,
 - have a foundation in policies and procedures that are enforced and monitored,
 - include training tailored to the roles and responsibilities of specific personnel, that is evidence-informed, tailored to need, is scenario- and skill-based, refreshed regularly, and evaluated.



Executive Summary

Harmful behaviours are widespread and destructive in workplaces, eroding organisational culture and safety. They include a range of behaviours e.g. incivility, bullying, harassment, discrimination, and violence. Harmful behaviours vary in intensity, duration, and frequency and initiators may be a manager, supervisor, colleague, customer, consumer of a service, or an opportunist external to the workplace seeking advantage or revenge.

In this review, we define workplace harmful behaviours as *a range of negative interpersonal behaviours targeting others, arising from, or at work. The behaviours have the purpose of gaining advantage and/or harming the target by undermining, excluding, humiliating, harassing or assaulting them, and/or by withholding necessary resources. Workplace harmful behaviours do not include self-harm, which may be an outcome of exposure for targets and/or initiators.*

This literature review summarises literature published between 2014 and 2024. Earlier papers have been included where they have made significant contributions to defining, measuring and understanding the mechanisms of harmful behaviours in the workplace. The review aims to provide a comprehensive, evidence-based summary of the literature to inform workplace practice in managing these behaviours.

Australian work health and safety (WHS) laws require persons conducting a business or undertaking (PCBUs) to protect the psychological and physical health and safety of workers (Safe Work Australia, 2023a Div. 2, S.19) by eliminating risks, or minimising risks (so far as is reasonably practicable). Harmful behaviours are examples of psychosocial hazards, and PCBUs must identify the hazardous behaviours, assess the risks, and implement and review control measures, considering how harmful behaviours present (duration, frequency, severity) and interact with worker characteristics, work design, work organisation, and physical workplace conditions.

Managing prevention

Systematic hazard control includes examining work design and management practices at both organisational and individual levels to understand potential exposures, their sources and impacts, and identify effective control measures that target the source or interrupt the pathway to harm. Leadership, organisational culture and design are significant sources of hazards, through negative styles of management, poor workplace culture, and design of organisational structures and processes creating inefficient practices. Workers are also sources of hazards and may respond with aggression, either toward other workers or to supervisors in retaliation for perceived negative treatment. These responses are stronger in workplace cultures where organisational norms signal they are acceptable and harmful behaviours are not challenged or addressed.

Third party sources of harmful behaviours arise from people not employed by the organisation, though are often consumers of services. These individuals include patients, customers, students, visitors, and residents in disability and aged care settings. Services may be provided at an organisational location, client premises or in public spaces. Third parties may also include people not directly involved with business activities who target the workplace with criminal intent (theft, revenge). The behaviours experienced by workers may include an escalating scale of harm ranging from incivility to bullying and physical violence.

Witnesses to incivility, bullying and violence can experience a range of negative health and behavioural outcomes and are more likely to become initiators of incivility that may escalate to other forms of behaviour e.g. bullying, through incivility spirals. If an individual initiates uncivil

behaviour to another individual, the target is likely to retaliate, progressing in a back-and-forth cycle until the uncivil behaviour either escalates to aggression, or is resolved.

Common sources of hazards include individual characteristics (e.g. personality, demographic factors – race, age, ethnicity, social history) and individual work experiences (social relationships and support, skills and knowledge, previous and current hazard exposures) as the main sources. Upstream hazards are broadly similar for most forms of harmful behaviours. Deficiencies in work design and leadership are the main upstream hazards for bullying, where high task and low relationship orientation are features of the organisational culture. Effects of these hazards are strengthened by changes to work design from introducing technology, greater workforce diversity (where vulnerability due to belonging to a minority group increases individual's risk), downsizing and organisational change.

Exposure involves the total of all sources of potential harm impacting an individual during their work and must consider the interaction of physical and psychosocial hazards. For example, musculoskeletal disorders arise from exposure to job design hazards, physical hazards, the organisational structures and culture, and individual characteristics. Hazards combine to increase risk through stress responses that increase the effect of strain on bodily structures. Individuals' coping resources erode through cumulative hazard exposures, increasing the risk of injury and illness. Hazard exposures accumulate to increase harm, and the more hazards a worker is exposed to, the higher the risk and severity of harmful health effects.

Technology enables new forms of work, often with psychosocial consequences, because it changes task and social dynamics, for example reduced working hours (4-day week) have shown positive effects on worker wellbeing. New technology can enable harm e.g. by changing work design by using artificial intelligence and algorithmic management; and can also be used to facilitate the conduct of harmful behaviours e.g. work technology facilitated sexual harassment.

Interventions

The body of evidence on intervention effectiveness accumulating over the last decade focuses on healthcare settings, mostly addressing incivility and bullying in nursing and other frontline staff. Studies prioritise workplace violence, for its widespread occurrence, severity of outcomes and challenges from caring for vulnerable and distressed consumers. Common interventions to prevent and manage violence address education and training, particularly in de-escalation and communication skills, and focus on consumers of services as the initiators of violence.

Research across workplaces in general reveals that most interventions have a strong reliance on policies and training, though research finds that enforcement and sanctions for initiators are rare. Changes to the physical design of workspaces are less frequently used with little research over the last 15 years directed at workplace design. Interventions are rarely co-designed with the workforce, though where this occurs, they are highly effective and well accepted.

Vulnerable workers (also referred to as 'high risk groups') have characteristics that sensitise or over-expose them to health and safety risks compared to other workers. These characteristics combine with workplace hazard exposures to increase their risk of injury and ill-health, meaning they require additional protection in the workplace. Examples of workers most likely to be vulnerable include those who are: young (aged 15-25 years), older (50-65+ years); of a different ethnic, racial or language background (e.g., migrants); new to the job or inexperienced (e.g., new hires, apprentices, agency hire); living with disability or chronic health conditions; or pregnant. Sources of vulnerability interact and combine with exposures to psychosocial hazards to accumulate risk. An inclusive policy provides the foundation for implementing effective procedures, practices and interventions that promote diversity and cultural safety. Other frequent strategies include the use of allies, or contact



officers for equal opportunity, who are trained and encouraged to advocate, advise, speak up for, and provide support to vulnerable workers.

Implications

This review highlights the gap between evidence reported in the literature and interventions typically applied in workplaces. There is need for the research community to better share research in transferrable and practically oriented formats to assist workplaces with prevention. Implications from this review relate to WHS policy, practice, and research.

Policy implication 1:

Managing the risk of harmful workplace behaviours requires multi-component interventions co-designed with people affected by the work and supported by senior managers and supervisors. The main risks lie in organisational factors, including leadership, and work design. Policy approaches should emphasise workplace adoption of co-designed multi-component strategies addressing organisational and leadership sources, work design and organisation, physical hazards, and individual factors (which may be similar across work groups).

Policy implication 2:

Harmful behaviours are revealed through social interactions and are triggered by motivations, attitudes and perceptions. Behavioural interventions must have a supporting role in tackling harmful behaviours. Practical behavioural interventions should include diversity and inclusion training based on implicit bias, perspective taking and cultural safety for all workers, be tailored to workplace context, and supported by leadership training for managers and supervisors.

Policy implication 3:

Greater awareness of the destructive nature and early warning sign of incivility is needed in workplaces. Incivility must be controlled to prevent escalation into more severe harmful behaviours including bullying, harassment and discrimination. Incivility is also likely to spread through a workplace via witnesses, by eroding social norms and organisational culture.

Practice implication 1:

Hazards are interactive and combine from all sources to accumulate risk of harmful health, wellbeing and performance outcomes. Hazards must be identified and assessed including individual characteristics (e.g. multiple vulnerabilities), physical hazards, work design and organisation, and organisational culture, leadership and design, to identify comprehensive controls that combined, reduce the total risk.

Practice implication 2:

Interventions that target prevention of harmful behaviours i.e. (before exposure) are most effective. Interventions that reduce the intensity and development of harmful behaviours (i.e. during exposure) are valuable to contain their effect. While outside the scope of this review, interventions that support targeted workers or witnesses after the event, help to reduce the severity of harm and aid recovery, and should be part of a comprehensive workplace response.

Research implication 1:

More field-based, practically oriented research focused on the effective design of organisational structures is required to inform workplaces on how business models, work arrangements and workplace operations impact worker psychological and physical health and safety. The research community must improve translation of research to practice through plain language research outputs that are widely disseminated via industry and WHS policy bodies.

Research implication 2:

Incentives should be provided to encourage researchers to collaborate on field-based intervention research to develop an evidence repository on the effectiveness of integrated multi-level interventions across a variety of industries. Scalable and longitudinal projects would provide evidence on the value proposition for business in investing in the prevention of psychosocial hazards. Pooling jurisdictional resources may be a strategy to assist this outcome.



1 Background

1.1 Australian work health and safety laws

Australian work health and safety (WHS) laws require persons conducting a business or undertaking (PCBUs) to protect the psychological and physical health and safety of their workers (Safe Work Australia, 2023a Div. 2, S.19) by eliminating risks, or minimising risks (so far as is reasonably practicable) (Safe Work Australia, 2023b Part 3.1, Reg 35). Harmful behaviours are specific examples of psychosocial hazards (Safe Work Australia, 2023b Part 3.2, Reg. 55A), and PCBUs must identify the hazardous behaviours, assess the risks, and implement and review the effectiveness of control measures. In doing so, PCBUs must consider how the harmful behaviours present (duration, frequency, severity) and how they may interact with other factors, such as worker characteristics, work design, work organisation, and physical workplace conditions (e.g., safe entry and exit, facilities and other physical hazards) (Safe Work Australia, 2023b Part 3.2, Reg 55D).

1.2 Duty of care

1.2.1 PCBU primary duty

The model WHS laws place a primary duty of care on PCBUs to ensure the health and safety of workers (so far as is reasonably practicable) when engaged and carrying out work under their direction (Safe Work Australia, 2023a Div. 2 S.19). Significant to the prevention of harmful behaviours, this duty includes providing and maintaining a safe environment and safe systems of work, including policies and procedures, information, training, and supervision. To prevent illness and injury, the PCBU must also monitor working conditions and the health of workers, which are the most informative sources for evaluating the effectiveness of health and safety prevention initiatives.

1.2.2 Due diligence of officers

Officers (including directors) of the PCBU must perform their health and safety duties with due diligence, meaning they must take reasonable steps to maintain current knowledge of the hazards and risks affecting their business operations. To enable meeting this duty means officers must also have effective processes for receiving and reviewing information about incidents, hazards and risks, and responding in a timely way (Safe Work Australia, 2023a Div. 4, S. 27). Relevant to vulnerable workers, the PCBU owes this duty to each individual worker (Laflamme, 2015 p. 242; Safe Work Australia, 2023a Div. 4, S.31). Managers, who have the most direct relationship to individual workers, should take account of the factors that define their vulnerability (e.g., disability, racial, ethnic, or indigenous status, gender identity, age, pregnancy) and how these may interact with other hazard exposures present in their work, including physical and psychosocial hazards.

1.2.3 Duties of workers

Each worker also has a duty to protect their own health and safety, and to take reasonable care to ensure that their actions, or failures to act, do not negatively affect the health and safety of others at the workplace (Safe Work Australia, 2023a Div.4, S.28). Relevant to harmful behaviours, this means that workers' behaviours towards colleagues must be professional and respectful, and policies and procedures should be in place to constructively resolve differences and prevent conflict. While WHS laws provide protections for workers, fear of job loss and

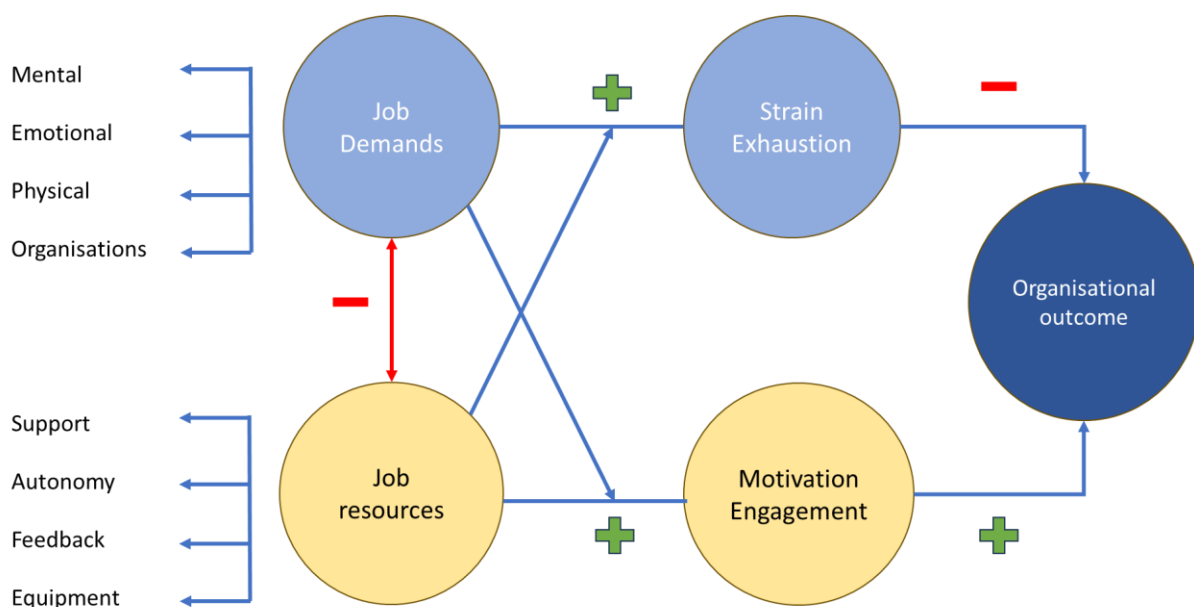
backlash are likely to prevent workers reporting harmful behaviours, highlighting the critical need for confidential, independent, and trustworthy processes for reporting and investigation, along with disciplinary action for initiators (Becton et al., 2017). Prevention must be the focus, requiring continuing organisational effort to build norms of respect and a culture of safety, through integrated policies, procedures, education and training, along with monitoring compliance and enforcement.

1.3 Defining harmful behaviours

For the purposes of this review, we define workplace harmful behaviours as a range of negative interpersonal behaviours targeting others, arising from, or at work. The behaviours have the purpose of gaining advantage and/or harming the target by undermining, excluding, humiliating, harassing or assaulting them, and/or by withholding necessary resources. Workplace harmful behaviours do not include self-harm, which may be an outcome of exposure for targets and/or initiators.

A useful way to understand how harmful behaviours arise is to consider how people cope with the demands placed on them (e.g. in their roles, responsibilities and perceived expectations at work, at home and in society) and the resources (e.g. time, skills, knowledge, health, finances, equipment) they need to perform their roles successfully. This way of thinking about the interplay between demands and resources in work performance is the basis of the Job Design and Resources model (Bakker et al., 2005; Demerouti et al., 2001) (see Figure 1). Excessive demands increase strain and exhaustion, leading to negative organisational outcomes. Job resources increase motivation and engagement, enhancing the ability to cope, and increase positive organisational outcomes.

Figure 1: Job demands and resources model



Adapted from Bakker et al. (2005)

Workplaces represent an important site for modelling respectful behaviours through developing cultures of diversity and inclusion and providing opportunities



for learning transferable skills for practising and promoting respectful behaviours in wider society. Irrespective of the context, the risk of harmful behaviours is high when people experience strain from various sources of demand, and their ability to respond appropriately is impaired by a mismatch in necessary resources. Excessive demands may result in individuals interpreting their social and physical environments as hostile, frightening or overwhelming and responding in anti-social ways to reduce their sense of threat and conserve or increase the resources they have (Bakker et al., 2005). Workplaces, like broader society, generally include people from diverse backgrounds, bringing with them perceptions formed through their own unique experiences of belonging to different roles and groups throughout their lives. Workplace risks come from within individuals (e.g. personality, health status, history and experience, knowledge, abilities, beliefs and attitudes), the physical environment (e.g. biological, chemical and noise hazards, workplace design) and work organisation (e.g. schedules, job content, social support, working relationships) (Tuckey et al., 2024). These sources of risk interact and may overtax individuals, cultivating fertile ground for harmful behaviours, and other work health and safety risks including injuries and accidents (Samsudin et al., 2018).

1.3.1 Types of harmful workplace behaviours

A range of harmful behaviours are discussed in the literature, with various definitions put forward by researchers and policy bodies. These behaviours vary in their duration, frequency and intensity, affecting exposures and the outcomes experienced by those affected. Commonly studied harmful behaviours have been collated by Dhanani and colleagues (2021) and are summarised in Table 1.

Table 1: Definitions of specific types of harmful behaviours

Type of harmful behaviour	Definition	Reference
Abusive supervision	“The extent to which supervisors engage in the sustained display of hostile verbal and non-verbal behaviours, excluding physical contact”	Tepper (2000 p. 178)
Bullying	“Situations where a person repeatedly and over a period of time is exposed to negative acts (i.e. constant abuse, offensive remarks, teasing or ridicule or social exclusion) on the part of co-workers, supervisors, or subordinates”	Einarsen (2000 pp. 383-384)
Discrimination	“When persons in a ‘social category’ are put at disadvantage in the workplace relative to other groups with comparable potential or proven success”	Dipboye and Halverson (2004 p. 131)
Harassment	“Interpersonally hostile interactions such as being yelled at, sworn at, or subjected to humiliating or demeaning behaviour without explicit reference to gender or other legally protected social status characteristics (e.g. disability, race & ethnicity)”	Rospenda (2002 p. 141)
Incivility	“Low intensity deviant behaviour with ambiguous intent to harm the target, in violation of workplace norms for mutual respect”	Andersson and Pearson (1999 p. 457)
Interpersonal conflict	“An organisational stressor involving disagreement between employees”	Herscovis (2011 p. 504)
Ostracism	“A form of incivility that relates to not taking actions to include targets socially when expected to do so, a form of explicit exclusion, or implicit avoidance”	Yang et al. (2024 p. 275)
Sexual harassment	“When a person makes an unwelcome sexual advance, an unwelcome request for sexual favours, or engages in other unwelcome conduct of a sexual nature in relation to a person”	“Sex Discrimination Act, Australia” (1984 Section 28A,

Type of harmful behaviour	Definition	Reference
		Australian Government)
Undermining	“Behaviour intended to hinder, over a time, a worker’s ability to establish and maintain positive interpersonal relationships, work-related success, and favourable reputation”	Duffy et al. (2006 p. 105)
Violence	“Instances of aggression that involve direct physical harm or threat of physical harm”	Barclay and Aquino (2011 p. 616)

Adapted from Dhanani et al. (2021).

Of all the forms of harmful behaviour, the literature points to workplace incivility as having the lowest form of intensity. Despite this, incivility has been described as a workplace ‘cancer’ (Agarwal et al., 2023) for its severity and destructive nature (Kim et al., 2023) in escalating to other forms of more intense and severe behaviour, including bullying (Holm et al., 2022; Yao et al., 2022). Incremental increases in incivility predict other forms of workplace harmful behaviours, making incivility an early warning sign that must be managed to reduce its escalation (Yao et al., 2022). Incivility in the workplace also enables the spread of harmful behaviours through an organisation via witnesses who become infected with negativity, triggering more uncivil exchanges that undermine social norms and lead to a negative workplace culture (Loh & Loi, 2018).

1.4 About this literature review

This literature review summarises literature published between 2014 and 2024 with a focus on literature from the last five years, 2019-2024. Other key papers from earlier years have been cited where they have made significant contributions to defining, measuring and understanding the mechanisms of harmful behaviours in the workplace.

Understanding interventions that are most effective is critically important to assisting workplaces to manage the complex risks associated with harmful behaviours by adopting a prevention mindset, where risks are controlled at the source. Our review focuses on primary and secondary interventions i.e. prevention and management before and during exposure, because these are most effective. Tertiary interventions (those that are applied after the harmful exposure with the aim of reducing harm sustained) are critically important for providing support to injured workers. While they assist with minimising the severity of negative health and performance outcomes, this review focuses on prevention and intervention efforts. Resources to support injured workers (and others) are available at: *Beyond Blue* <https://www.beyondblue.org.au/get-support> or through workplace employee assistance programs (EAP) and mental health first aiders, where available.

The field of harmful behaviours uses a diverse range of terms to describe the behaviours involved and the people affected. We have adopted the term ‘initiator’ to refer to people who inflict harmful behaviours on others. The literature often refers to the people performing harmful behaviours as ‘perpetrators’, ‘offenders’, ‘instigators’, or ‘bullies’. When referring to direct recipients of harmful behaviours (i.e., those to whom the harmful behaviour is directed), we have adopted the term ‘target’ rather than victim, as is often used in the literature. The terms ‘witness’ and ‘bystander’ are used to describe people who may be indirectly involved or harmed by an incident of harmful behaviour.

Workplace mistreatment is an inclusive term for a range of harmful behaviours and covers abusive supervision, ostracism and discrimination (Kim et al., 2023), bullying and harassment, aggression and incivility (Cortina et al., 2017; Di Fabio & Duradoni, 2019; Mehmood et al., 2024). In referring to harmful behaviours more generally,



we use this term interchangeably with workplace mistreatment, referring to the collective range of negative acts that inflict harm on people in the workplace, as this is also commonly used in the literature.

1.4.1 Purpose

The purpose of this review is to provide a comprehensive and evidence-based literature review to inform workplace practice in successfully managing harmful behaviours. Harmful behaviours are complex in nature, widespread and highly destructive to workers and organisations, and require early and urgent responses. The literature in the last 10 years has expanded exponentially, illustrating the growing imperative to better understand the causes, contributors and practical interventions that can guide better workplace prevention and management.

Specifically, this literature review aims to respond to the following four research questions:

1. How can PCBUs most effectively prevent and manage risks from a range of harmful behaviours arising during the conduct of work?
2. What is the current evidence for the effectiveness of interventions in reducing the risk of psychological and physical harm arising from a range of harmful behaviours in workplace settings?
3. What is the current evidence for the effect on risk resulting from the interactions between a range of harmful behaviours and workplace contexts (e.g. work arrangements, impact of technology)?
4. What strategies are most effective for minimising risks to vulnerable workers?

1.4.2 Method

Guided by Arksey and O'Malley (2005), the search for academic literature was conducted in four stages: identifying relevant studies, study selection, charting the data, and collating, summarising, and reporting the results. Each stage was conducted sequentially. An overview of the data collection and selection process, guided by the standard for Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) is provided in Appendix A.

2 Preventing and managing harmful behaviours

Effectively preventing and managing the risk of harmful behaviours requires systematically identifying hazards, assessing and understanding how they create risk, and applying and reviewing control measures that eliminate that risk. Where elimination is not reasonably practicable, steps must be taken to minimise the risk (Safe Work Australia, 2023b Part 3.2, S. 55D). Managing hazards is a dynamic process influenced by the changing context of work, where hazards arise from multiple sources, interact and combine to accumulate risk (Oakman et al., 2022). As an outcome of complex interactions between people, their environments and the organisation of work, effectively reducing the risk of harmful behaviours generally requires multiple control measures (Li et al., 2023; Recsky et al., 2023). Collectively, control measures should be integrated to form multi-faceted interventions that are applied systematically across the organisation to increase effectiveness and are regularly reviewed (Wood et al., 2019).

WHS legislation requires effective interventions to be implemented, that must include processes to identify harmful behaviours in their early stages. This involves identifying upstream factors to the occurrence of the behaviour (e.g., recognising precursor events or warning signs), and using evidence-informed tools and techniques for assessing the likelihood and severity of the behaviour, considering the potential consequences for the health and safety of workers and witnesses (e.g. patients, customers, students, bystanders) (Safe Work Australia, 2023a Div 2, S. 19(2)).

Risks arise from multiple sources, adding to the complexity of preventing hazardous behaviours. Sources include people, as they interact to achieve their respective, and sometimes conflicting goals (these may include leaders, workers, third parties e.g., consumers of services – patients, clients, customers, students, and bystanders) (Shin et al., 2022; Small et al., 2020; Spelten et al., 2022; Thomas et al., 2020), the physical working environment (Beale, 2024; Kim et al., 2023), and organisational culture and design (Loh & Dollard, 2024). Hazard identification must be systematic and include consideration of these sources to understand their specific characteristics and how they may interact to influence risk.

2.1 Identifying harmful behaviours, assessing risks

Individuals in workplaces have the potential to direct harmful behaviours at others if they experience extreme interpersonal, psychological and physical hazards that exceed their coping behaviours. To prevent hazard exposures from progressing to incidents, hazards must be identified, and risks eliminated or controlled (Safe Work Australia, 2023b Part 3.2, Reg 55D). Systematic hazard identification includes examining work design and management practices at both organisational and individual levels to understand potential exposures, their sources and impacts, and identify effective control measures that target the source or interrupt the pathway to harm (Tuckey et al., 2022). The key sources of hazards to consider during identification arise in four key areas of exposure: organisational culture and leadership, job and work design (including psychosocial hazards), physical hazards, and individual characteristics (including personality factors, skills and experience, health status, and ethnicity, race, gender, disability and age). **Error! Reference source not found.**

2.1.1 Leadership as the source

Due to the power relationship with workers under their supervision, leaders have the responsibility to create a positive and supportive working environment for all workers (Cortina et al., 2017). Leaders or supervisors have power through establishing working conditions and controlling access to resources workers need to achieve work



goals (Taris, 2022), influencing worker perceptions of satisfaction and fairness. Leadership provides a direct pathway between organisational climate and workplace bullying (Plimmer et al., 2022), demonstrating that negative leadership styles create fertile conditions for harmful behaviours (Tuckey et al., 2022). Abusive leadership is characterised by sustained, hostile verbal and non-verbal interactions from a supervisor, and is considered to be a behaviour learned through modelling from high status and influential leaders in cultures where competitive and aggressive organisational norms dominate (Yang et al., 2024). Abusive supervision is not only associated with counterproductive work behaviours and psychological distress but also increases the risk of safety incidents through its effect on eroding safety climate and employee participation in safety activities (Mullen et al., 2018; Samsudin et al., 2018).

A large-scale review of 165 research studies on management styles and their influence on aggression found change-focused, relationship-based, values-oriented, and moral leadership styles were associated with lower levels of workplace aggression, though transactional leadership (characterised by task-focused micromanaging) was not. In contrast, passive and destructive leadership styles (laissez-faire, abusive, narcissistic and authoritarian) were associated with higher levels of workplace aggression (Cao et al., 2023). Laissez-faire leadership (characterised by withholding constructive leader behaviour when it is expected and needed (Ågotnes et al., 2021 p. 424)) is positively related to bullying, though positive organisational cultures, especially with high psychosocial safety climate, encourage positive leadership behaviours and reduce workplace aggression. The influence of manager actions on harmful behaviours can be detected through changes in workers' daily experiences of work pressure and bullying-related negative acts, where higher work pressure was associated with higher levels of experienced bullying (Ågotnes et al., 2021). Laissez-faire leadership behaviour strengthened this relationship, suggesting it is an important component in escalating conflict and bullying, while transformational leadership is not (Ågotnes et al., 2021).

Transformational leadership is characterised by influential behaviour that is respected and admired, is values-based and ethical, inspirational and motivating, attends to individual needs through coaching and mentoring, and promotes intellectual stimulation (Bureau et al., 2021). Survey-based worker perceptions (aggregated at work group level) of higher transformational leadership behaviours assessed over time were associated with lower experiences of incivility one year later. The infectious nature of incivility was demonstrated by findings that witnessing incivility predicted workers experiencing reduced satisfaction with working relationships one year later (Bureau et al., 2021). Frontline workers dealing with demanding and uncivil customers experienced lower stress and intention to leave in the presence of empowering leadership compared to laissez-faire leadership (Boukis et al., 2020).

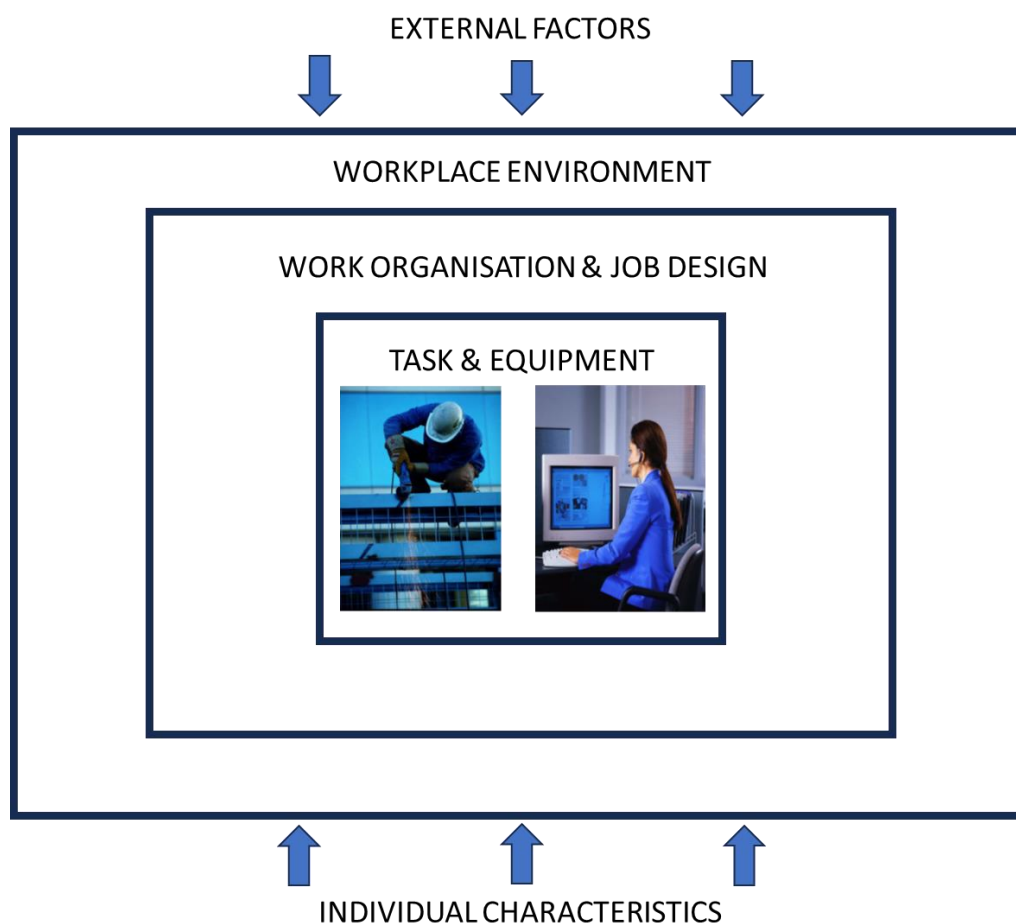
Identifying hazards and assessing risks

Hazard identification involves proactively looking for the activities, interactions and physical conditions in the workplace that have the potential to cause harm. In practice this involves walking around the workplace, observing, and talking to workers about their experience of doing the work (Safe Work Australia, 2018). Given harmful behaviours at work are a sensitive issue and raising concerns may cause fear or anxiety, especially when the initiator is a leader, it is essential to create a safe environment for consultation and make reviews of workplace practice an intrinsic part of the organisational culture and way of working.

Assessing risks involves determining what outcomes are possible if a person is exposed to a hazard and the likelihood of that outcome occurring. The assessment involves understanding how severe the risk is, whether any existing controls are effective, what further action is necessary to control the risk, and how urgently action is required (Safe Work Australia, 2018). Harmful behaviours have multiple sources of risk because they are the product of interaction

between people, work organisation and the physical environment (Oakman et al., 2022) (see Figure 2, and an assessment will be required to understand the contribution of hazards in each of these domains to most effectively minimise the risks.

Figure 2: System of workplace factors affecting harmful behaviours



Adapted from Oakman et al. (2022 p. 2)

Methods for identifying hazards arising from leadership and management behaviours include processes for monitoring work performance across a team or function that the leader manages, to seeking feedback from individual workers as recipients of the leader's decisions and behaviours. Changes in the behaviour of affected workers, including signs of stress, rumination, frustration, retaliation and withdrawal from social interactions are early warning signs that someone may be experiencing harmful behaviours (Boukris et al., 2020). Other signs include increasing lateness, absence or sick leave (Holm et al., 2022), lower motivation and deteriorating work performance (Mehmood et al., 2024). Workers showing a pattern of changed behaviour over time should be approached and provided support. If the source of the harm is a manager, a peer supporter, health and safety representative, or a colleague supported by an independent human resources practitioner or work health and safety advisor should make the initial contact to better understand the worker's situation and work productively towards solutions.

More formal identification processes can include collecting data on individual leader performance through anonymous 360 degree feedback surveys with staff as part of the leader's regular performance and development reviews, or as part of regular culture surveys (Al-Asfour, 2023; Clark et al., 2021; Pattani et al., 2018). Conducting surveys on organisational conditions for psychological safety (e.g. *Psychosocial Safety Climate* (Dollard,



2019), the *UK Health and Safety Executive Stress Management Indicators Tool* (Wood et al., 2019)) aggregated at both team and organisational levels, will provide a holistic view of supervisory performance in producing psychological wellbeing. Other sources of valuable data that should be available in, or introduced to human resource management systems include analysis of worker absence data (Magee et al., 2017) and findings from exit surveys/interviews (Doshy & Wang, 2014).

Once hazards are identified, the assessment process must consider the nature of exposure including frequency, duration, and intensity of harmful behaviours, along with the severity of potential outcomes. A comprehensive assessment will consider the contribution of interpersonal interactions, work design, organisational cultural norms, and the physical work environment. Risks should be assessed collectively because they interact and combine to increase overall risk (Safe Work Australia, 2022). Assessments should involve affected workers and their representatives, subject matter experts, and management representatives. Psychosocial risk assessment tools like *People at Work* (Queensland Office of Industrial Relations, 2024) and *Psychosocial Safety Climate* (PSC) (Dollard, 2019) provide a risk assessment at the team and organisational levels, highlighting specific hazards contributing to psychosocial risk that are precursors to harmful behaviours. A more extensive list of readily accessible evidence-based psychosocial assessment tools (that also includes musculoskeletal risk assessment tools) are described in Oakman and colleagues' systematic review (2022).

Control measures

Effective control measures for leadership-based risks focus on structures that underpin organisational practices. Structures include formal policies and procedures to ensure leaders are held accountable for the health and safety of their workforce. Key to this are effective performance and development review processes including setting and review of performance measures (e.g. workloads, overtime, absence, skills development, resource allocation, and effectiveness in conflict resolution) (Salin et al., 2020). To promote behaviour change, performance results must be regularly monitored with feedback and support provided by superiors (Lundmark et al., 2022). Leader ability to identify and proactively manage conflict is also critical to creating a climate of confidence within the organisation that workloads and resources are fairly distributed (Ågotnes et al., 2021). Conflict is more likely in cultures of intense competition and is worsened by laissez-faire leadership where leaders fail to intervene (Salin et al., 2022). Organisational policies and procedures for issue resolution that promote problem-solving and co-operation also establish consistent and known processes that encourage organisational fairness and justice (Ågotnes et al., 2021).

Senior managers can reduce negative acts by explicitly valuing and showing concern for the psychosocial safety of their workforce and by shaping the behaviours of their middle managers to do likewise (Tuckey et al., 2022). Showing genuine interest and concern in the wellbeing of workers demonstrates they are valued and significantly contributes to a positive workplace culture. While formal policies are an important tool for setting standards and processes for managing harmful behaviours, they are often used to focus on the legal aspects of mistreatment allegations rather than creating the environment to prevent it (Plimmer 2022). Policies should also allow for reporting and investigation through an independent source if the initiator of the harmful behaviours is a direct manager.

Training interventions may also be effective in intervening in poor leadership behaviours. A short training program on supportive supervision strategies consisting of four 2-hour training sessions was conducted in the hospitality sector. Results were positive with improvements in worker perceptions of supervisor support and abusive supervision, which was sustained when re-measured nine months later (Gonzalez-Morales et al., 2018). Training is most effective when

scenario-based and interactive, and when it applies problem-solving approaches to build skill development.

A significant body of research identifies the contribution of personality factors to negative behaviours (e.g. Yang et al., 2024; Yao et al., 2022), for example, abusive leaders are more likely to be competitive, highly self-confident and self-promoting, manipulative and impulsive but may also be charming and inspiring (Fosse et al., 2024). Recruitment of leaders should include scenario-based interviewing and be guided by psychological assessments to assist in identifying tendencies to harmful behaviour. Assessments should focus on leadership and team management preferences and abilities to better understand likely behaviours in the workplace (Linós & Reinhard, 2015).

2.1.2 Worker as the source

Workers may become the source of harmful behaviours, typically through peer-to-peer interactions (horizontal) or from worker to supervisor (upward or vertical). Workers may respond with aggression, either toward other workers or upward to the supervisor in retaliation from experiencing incivility or abusive supervision. These responses are stronger in workplace cultures where organisational norms signal they are acceptable and harmful behaviours are not challenged or addressed (Taris, 2022).

Harmful behaviours directed at supervisor

Limited research about upwardly directed harmful behaviours is available in the literature, with bullying being the most commonly studied behaviour (Tuckey et al., 2024). Upwards bullying is described as bullying of managers by subordinates or staff members and is typically a response or retaliation to perceptions of interpersonal injustice, micromanagement, downsizing, and resentments regarding promotions (Busby et al., 2022). Upward bullying involves undermining a supervisor's legitimacy and formal power and is sustained and escalates where the organisational culture creates conditions of low consequences for bullying behaviour through failure to address it. Upwards bullying behaviour is also sustained where there are potential advantages for subordinates in maintaining it (e.g. enhancing reputation and legitimacy within the work group) (Tuckey et al., 2024). It can take the form of several intimidating behaviours including spreading rumours and gossip, constantly scrutinising the supervisor, sabotage, ignorance of expectations and indirect threats (Busby et al., 2022).

Upwards bullying is difficult to assess, with existing surveys being skewed toward measuring downwards bullying (manager to staff), though sources of risk may arise in the ways that staff members take advantage of work environmental factors (e.g. job content factors like access to information and expertise) and conditions that allow staff members to use their networks to enlist support from their peers (Branch et al., 2021). It is an organisational problem that thrives where there is disrespect for supervisors and a lack of higher management support that creates perceptions of supervisor incompetence (Tuckey et al., 2024). Risks are higher in times of organisational restructuring when roles and responsibilities change, giving staff members opportunities to undermine and manipulate work conditions and tasks (Busby et al., 2022).

Risks of upward bullying are increased where there is a real or perceived power imbalance between supervisor and workers, often worsened by general worker dissatisfaction and climates where there is low psychosocial safety climate (Loh & Dollard, 2024). Bullying is likely to persist where there is internal competition and when it is supported by organisational rewards. An organisation (through senior managers and human resources professionals) must support a bullied manager by assisting them to challenge the bullying at its source and by addressing work team support for the bullying that arises through enlisting colleagues' support (Tuckey et al., 2024).



Interventions include providing training and support to both managers and subordinates in effective performance management and development processes so that both parties understand the focus and process of providing constructive feedback and identifying development opportunities (Branch et al., 2021). During organisational change, senior management should support all tiers of management to focus on effective change processes built on participation and communication. New managers working with teams showing pockets of dissatisfaction and dysfunction will require additional management support to understand the sources of dysfunction to assist them in handling worker concerns without triggering backlash (Branch et al., 2021; Tuckey et al., 2024). Upward bullying is a way in which employees act out often in response to an unsatisfactory working context, so building a culture of greater psychosocial safety climate can not only prevent upward bullying and aggression but also create a more positive working environment for workers, minimising the spread of harmful behaviours throughout the organisation (Loh & Dollard, 2024).

Co-worker as initiator of harmful behaviour

Harmful behaviours that occur between colleagues of similar status are described as *horizontal* or *lateral* violence, and are defined as “violence from actions or words and other behaviours directed towards peers, that controls, humiliates or undermines the dignity of another” (Blackstock et al., 2018 p. 972). As with all types of harmful behaviours in the workplace, horizontal violence reflects a lack of respect, recognition, and value for the target. Horizontal violence is more common in teams with lower work satisfaction, poor team performance, high staff turnover, and absenteeism, and is generally supported and maintained through social peer networks. Like upwards bullying, horizontal violence is very common in nursing, healthcare and education (Busby et al., 2022), and where pockets of dysfunction in an organisation often reflect the broader organisational climate (Blackstock et al., 2018). Organisational factors that promote horizontal violence include working conditions, tasks and team work (including staffing, resources and manager ability), environmental factors (exposure to physical hazards, which in nursing include biological, manual tasks), and organisational culture (Blackstock et al., 2018; Lee et al., 2022).

Studies examining the mechanisms of horizontal violence identify four main types by which initiators inflict harm on their colleagues. *Interpersonal aggression* aims to humiliate or threaten a colleague by spreading rumours to damage their reputation; while *forcing one’s own work on a colleague* (also known as social loafing) allows an initiator to widen a power difference by overloading the target. Other forms of peer-to-peer violence include *displays of superiority* by claiming credit for others’ work, undermining or belittling others; and *misuse of resources* through stealing, hiding or denying access to information or expertise (Aubé & Rousseau, 2014). Data from the Danish Work Environment Cohort Studies reveals that colleagues were the most frequent initiators of bullying (60% of respondents) in the 2010 survey, and that the prevalence of experiencing bullying from colleagues (31%) was higher than from leaders (24%) in the 2012 survey (Török et al., 2016).

Individual factors also play a role in initiating harmful behaviours in the workplace. Workers with specific personality factors (e.g. narcissism, negativity, neuroticism), mental health disorders, or intellectual disability (Bush & Tassé, 2017) have a higher risk of enacting harmful behaviours, particularly when their personal factors interact with organisational, cultural and work design factors. The combination of demands makes them more likely to exhibit anger, frustration and aggression, which can spill over into conflicts with colleagues or supervisors (Taris, 2022). If workers with disabilities are refused requests for workplace accommodations or other forms of workplace support, they may become distressed and act unfavourably toward others. Refusal of workplace supports is a common form of discrimination for people experiencing physical and/or

mental health disabilities and exacerbates their psychological and physical strain (Koch et al., 2022). Workers with intellectual disabilities are likely to require additional and tailored training, communication and support, with reasonable opportunities to exercise choice that minimise the risk of boredom and disruptive behaviours (Bush & Tassé, 2017).

Interventions to prevent horizontal harmful behaviours include assessing job design factors, including workloads, job content, and autonomy; ensuring participation in team-based activities, providing feedback, being engaged in setting work goals, and having access to resources and information. Exposure to physical workplace hazards must also be managed to reduce strain (e.g., noise, chemicals, manual tasks). Organisational factors including fairness and organisational justice must be established through policies and procedures for conflict resolution, recruitment and promotion, and for allocating resources and rewards. Doing so demonstrates an environment of equity and inclusion. Job and team fit are also important for creating cohesive and harmonious teams. Recruitment and selection processes should also focus on ensuring job fit through scenario-based interviewing, performance and development reviews, coaching and training to promote understanding of respectful behaviours and build skills for practical application (Salin et al., 2020).

While interventions must be targeted at organisational sources of risk, specifically job design factors and organisational climate to prevent and control harmful behaviours at the source, interventions that address worker experience of harmful behaviours as they are occurring are also valuable in reducing the impact. Contact persons such as equal opportunity officers, WHS representatives and the UK healthcare guardians initiative (Rhead et al., 2021) all play a role in promoting awareness of harmful behaviours, their sources, and strategies for minimising their impact. Employee assistance programs, defined as “a set of professional services designed to improve and maintain productivity and healthy functioning of the workplace by addressing a work organisation’s particular business needs” (Lockhart & Bhanugopan, 2020 p. 510) are a common strategy used by workplaces for managing the impacts of harmful behaviours. Their intent is to provide workers and sometimes their family members with organisational support, but research has shown mixed levels of effectiveness (Lockhart & Bhanugopan, 2020).

2.1.3 Third party as the source

Third party sources of harmful behaviours arise primarily from people who are not employed by the organisation, though are often consumers of services provided by the organisation. These individuals include patients, customers, students, visitors, and residents in disability and aged care settings (Small et al., 2020). Services may be provided at an organisational location, client premises (Small et al., 2020) or in public spaces (Thomas et al., 2020). Third parties may also include people not directly involved with business activities who opportunistically target the workplace with criminal intent (theft, revenge) (Beale, 2024) or when experiencing an altered mental state due to mental health conditions or the effects of drugs and alcohol. The behaviours experienced by workers may include an escalating scale of harm ranging from incivility to harassment, discrimination and physical violence (Shin et al., 2022), triggered by frustration and anger, or altered perceptions of reality.

The academic literature on third party mediated harmful behaviours has a strong emphasis on violence in healthcare (see Section 2.4 for a summary of interventions). Aged care and disability services, emergency services, retail, education, and the service industries are also high-risk sectors. Customers most commonly display escalating levels of incivility when holding unrealistic expectations about service, ambiguous expectations that create confusion for staff, or experience discourtesy from staff. Customer aggression also arises from pre-existing frustration and anger, bias and prejudices towards staff and other customers



(Sommovigo et al., 2019). Customers are more likely to display incivility if they have infrequent interactions with staff and can hide behind anonymity (particularly on telephone interactions). During the COVID-19 pandemic, incivility from customers increased due to additional frustration from communicating while wearing masks, the introduction of check-in procedures (e.g. taking temperatures), social distancing, and time delays resulting from contactless checkouts. Combined, these changes also resulted in increased customer complaints, slower service times, queueing and heightened frustration and anger (Shin et al., 2022). Stressors on service staff also increased, compounded by having to be positive and polite, and act against feelings, increasing their emotional labour and risk of exhaustion from depleted energy (Sommovigo et al., 2019).

Hazard identification

Hazard identification requires reviewing past incidents within the workplace or the industry more broadly to understand the characteristics of likely initiators of harmful behaviours, and to identify contributing factors to potential events arising from work design, organisational culture and the design of the physical environment (Li et al., 2023; Sommovigo et al., 2019). Assessment involves examining the likelihood and severity of an event based on exposures to different types of third parties who may access the workplace (Beale, 2024; Recsky et al., 2023; Wirth et al., 2021), as well as reviewing the contribution of work organisation (e.g. shifts, job content, workload) and organisational factors (e.g. staffing, culture, management support) (Boukis et al., 2020).

Strategies include undertaking risk-based assessments on typical and/or high-risk groups (e.g. customers, patients) as well as individual clients commencing a service (e.g. when clients receive services in their own premises) (Small et al., 2020). Aggression is more likely in individuals with certain personality traits (e.g. high negativity) or mental health conditions (Sommovigo et al., 2019). Risk assessments should also be made on the type of work location to identify hazards (e.g. safe access and egress points, areas that should have restricted access, objects that could be used as weapons, physical hazards such as layout, steps, stairs, isolation or remoteness), and develop physical, job design and procedural improvements to reduce the risk.

The risks of customer violence in service stations, fuel outlets and small hotels is also high due to holdings of attractive high value stock (cash, cigarettes, alcohol), small numbers of staff, working late at night, and poor workplace design (Beale, 2024; Ram, 2018). Design improvements to the layout of these outlets have been highly effective in their deterrence value and in delaying access to desired goods. Principles of crime prevention through environmental design (CPTED) (NSW Police Force, 2024) focus on the planning, design and structure of cities and neighbourhoods to reduce opportunities for crime by preventing the initiator, target and opportunity from intersecting in space and time. CPTED of workplaces and spaces aims to maximise risk to initiators of violence, maximise the effort required to commit a crime, minimise the actual and perceived benefits, and protect workers and customers (Beale, 2024). Specific strategies may include redesigning the workspace to allow viewing of the carpark, altering drive-through access to slow transit, strategic use of lighting and landscaping, and target hardening, such as installing security screens, and time locks for cash (Beale, 2024).

Effective interventions for addressing third party harmful behaviours involve multi-component and integrated controls addressing environmental, relationship and organisational hazards (Li et al., 2023; Recsky et al., 2023; Touzet et al., 2019). In the hospital emergency department, an effective intervention incorporating a computerised patient triage algorithm linked to a waiting room patient call system provided patients with current wait time information. It was supported by signage helping patients to navigate the building, presence of a mediator to intervene and assist in problem-solving, and video surveillance. These combined strategies proved effective in

reducing episodes of violence while also minimising wait times. The combination of controls were arrived at using a co-design process with staff and patient representatives to ensure an integrated perspective from key user groups (Touzet et al., 2019).

In the healthcare, emergency services, hospitality and retail settings, de-escalation training is also effective in minimising the impact of an evolving event. Training should include perspective taking to understand the situation of the initiator, reading cues indicating an escalation of behaviours, and be scenario-based (Howard & Embree, 2020; Varty et al., 2024). Evaluation of de-escalation training in healthcare has shown that episodes of violence decreased and nurses' confidence in intervening in violent encounters increased (Thompson et al., 2022; Varty et al., 2024). In healthcare and larger hospitality settings involving fixed locations, multi-disciplinary response teams can assist in de-escalating and containing violent events. Physical controls provide a higher level of protection and include the presence of enhanced security devices (e.g. metal detectors) and security personnel (e.g. guards). An integrated intervention to prevent violence in at-risk workplaces must also include training of all staff and managers, and be underpinned by policies and procedures including risk assessment, maintenance and review of controls, regular training, and an effective reporting and investigation process that informs improved control strategies (Recsky et al., 2023).

2.1.4 Organisational culture and design as the source

The quality of the working conditions and environment largely determines worker perceptions of their exposures to harmful behaviours because they are sources of stressful interactions involving tasks and people (Tuckey et al., 2021). Work and organisational design refers to “the content and organisation of work tasks, activities, relationships and responsibilities” (Tuckey et al., 2021 p. 33) that shape the experience of work. Organisational pressures such as downsizing, restructuring, new technology, poor leadership, compressed time schedules, competing priorities, information overload and job insecurity create negative working conditions, eroding working relationships and lead to incivility (Torkelson et al., 2016). Organisational change brings with it reduced role clarity, and is associated with high job demands, low autonomy, and low social support, which are pre-conditions for both experiencing and later initiating bullying at work (Holm et al., 2022; Torkelson et al., 2016).

When an organisation is in flux during change, workers' roles are more likely to become confused due to blurred responsibilities and reduced resources, leading to high levels of role conflict between workers and supervisors. Outcomes include higher role ambiguity, lack of control, poor relationships and supervision, and high workload and pace (Tuckey et al., 2021), leading to exhaustion that erodes personal resources.

Organisational culture provides the foundation for a safe, healthy and productive workplace, and refers to shared experiences of policies, practices and procedures (Dollard et al., 2017). The extent to which these experiences are shared influences how behaviours are promoted and rewarded, leading to shared expectations of acceptable performance in the workplace, at team and organisational levels (Tuckey et al., 2021). A negative workplace culture often includes having a poor relationship with the supervisor, leading to workers experiencing low job satisfaction, higher intention to leave, and high levels of absence due to stress (Cash et al., 2018).

Interventions addressing organisational design should include formal processes to encourage communication and participation, particularly during organisational change. These include providing opportunities to give and receive feedback between management and team members to identify hazards and sources of stress. Actions require improving role clarity by considering responsibilities and task allocations, and ensuring adequate



resources (including skill development) for new or changing tasks (Tuckey et al., 2021). As roles change, exposures to physical hazards may also change, so risk assessments and controls should be implemented for new tasks in consultation with workers and have ongoing review to ensure effectiveness.

2.1.5 Impact on witnesses

Through eroding feelings of safety, witnesses to incivility, bullying and violence can experience a range of negative consequences including post-traumatic stress disorder (PTSD) (Nielsen et al., 2015), loss of confidence and respect for the business, and turnover through unwillingness to maintain a relationship with the organisation (Nielsen et al., 2023). Witnesses to workplace mistreatment are more likely to experience low mood, negative attitudes, reduced wellbeing, physical health problems, sleep disruption and sickness absence (Nielsen et al., 2023). A study aggregating findings from multiple studies found the negative consequences of witnessing workplace mistreatment are more prevalent than from actually experiencing mistreatment, with around 34% of workers estimated to experience mistreatment (range 16-75% for specific forms of mistreatment) and around 44% witnessing mistreatment (range 20-79%) (Dhanani et al., 2021). One reason for this is simply that there are many more witnesses to harmful events in workplaces than there are initiators, and witnesses feel discomfort and anxiety by indirectly experiencing another's distress. Witnessing a harmful event also sets the expectation that the witness could also be similarly treated in the future (Nielsen et al., 2023). Women witnesses were at greater risk of experiencing indirect harm and witnesses reporting low supervisor support were more likely to be depressed and anxious six months after witnessing an event (Nielsen et al., 2023).

A survey study of Swedish engineers examined the relationship between witnessing or experiencing incivility as a predictor for subsequently witnessing or experiencing bullying (Holm et al., 2022). Results found that the likelihood of witnessing bullying was higher for those who had previously witnessed incivility, suggesting that workplace norms erode over time in the presence of incivility, leading to escalation in the intensity of behaviours. Not only was incivility likely to escalate to bullying, but it also spreads throughout the workplace (Holm et al., 2022). Witnessing bullying when experiencing low supervisor support has a strong direct relationship to experiencing subsequent anxiety and associated health and wellbeing effects. The health impacts of witnessing bullying are also directly influenced by perceptions of organisational justice and fairness (Holm et al., 2021; Nielsen et al., 2023). Witnessing incivility predicted lower levels of perceived organisational justice over a one-year period in the sample of Swedish engineers. Workers' feelings of control, social support from supervisors and job embeddedness (commitment to role) also influenced the relationship between witnessed and initiated incivility over time. A stronger negative relationship was found between witnessing or experiencing incivility when perceived levels of control, supervisor support and job embeddedness were high (Holm et al., 2021).

Implications for workplaces in addressing the infectious nature of harm from workplace mistreatment include increasing the awareness of the nature of incivility and bullying and the ways in which they can infiltrate the organisation (Yang et al., 2024). Training is also recommended for workers on how to intervene as a bystander when witnessing workplace mistreatment (see also Section 2.4 on bystander interventions). Bystander interventions must focus on active and constructive engagement with the parties to the event and adopt techniques to defuse conflict (Kuntz & Searle, 2023). Apart from interrupting the harmful event, intervening has additional benefits for both the witness and the target, where taking action makes the bystander feel less helpless, and provides the target with social support (Nielsen et al., 2023).

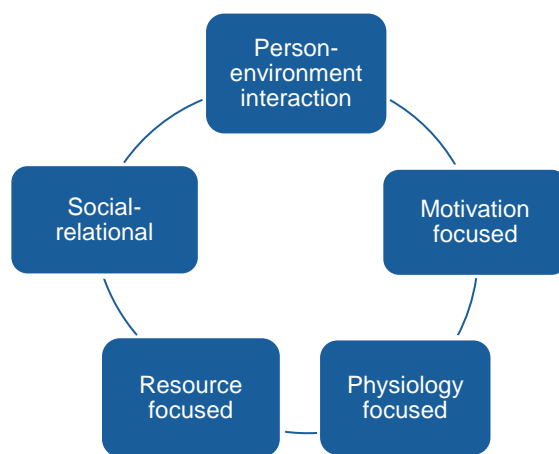
The root causes of incivility and bullying must be addressed by identifying and assessing the organisational, cultural (Dollard et al., 2017), and management practices within the organisation (Tuckey et al., 2022), as well as work design and physical hazards (Li et al., 2023) underpinning workplace mistreatment and its impact on worker strain and distress.

2.2 Interactions between hazards – concurrent exposures

2.2.1 Theory-based explanations of harmful workplace behaviours

Theoretical approaches to understanding the origins of harmful behaviours are valuable in identifying hazards that are root causes and contributors, ensuring that targeted risk controls are specific and effective. Five main approaches (see Figure 3) are discussed in the literature (Yang et al., 2024):

Figure 3: Theoretical approaches for understanding harmful behaviours



- ***Person-environment interaction theories***

The emotional and cognitive responses of individuals to environmental events are considered a product of the match between individual needs and the environmental demands to which they are exposed.

- ***Social-relational theories***

The quality of an individual's social relationships provides the foundation for how they respond in interactions with others during work.

- ***Resource-focused theories***

How individuals manage their available resources (e.g. energy, time, skills) in response to job demands and stressors underlie their responses to others with whom they work.

- ***Motivation-focused theories***

The extent of individual motivation (e.g. drive to satisfy needs, identify as part of a group) influences treatment of others.

- ***Physiology (stress)-focused theories***

Bodily reactions to hazards that produce physical, mental or emotional overload initiate a stress response (e.g. fright, flight, fight) which also triggers harmful behaviours, such as aggression and violence. This approach is associated with long-term hazard exposures, such as bullying, and frequently leads to chronic physical (e.g. musculoskeletal, cardiovascular) and



mental ill-health (e.g., burnout, depression) (Dollard et al., 2017; Mullen et al., 2018; Oakman et al., 2022).

These theoretical approaches provide the most common foundations for studying interventions for preventing and managing harmful behaviours. Interventions for different types of harmful behaviours are more commonly evaluated using specific theories. For example, social-relational theories are more frequently applied to studying abusive supervision, while physiology-focused theories are most associated with evaluating physical aggression and violence (Yang et al., 2024). From the work health and safety perspective, only person-environment interaction theories address the holistic work environment, including psychosocial and physical hazards, and are best suited to addressing work-related harmful behaviours. The other theoretical approaches, while focusing on individual responses to specific aspects of psychological need, contribute useful complementary perspectives to an integrated management approach.

2.2.2 Common antecedent hazards to harmful behaviours

As described in theoretical approaches to understanding harmful behaviours, there are common preceding or upstream sources of hazards, with individual characteristics (e.g. personality, demographic factors – race, age, ethnicity, age, social history) and individual work experiences (social relationships and support, skills and knowledge, previous and current hazard exposures) as the main sources (Yang et al., 2024). It is individuals who engage in harmful behaviours, and it is important to understand the contribution of individual characteristics for both initiators and targets because harmful behaviours are the product of a social process. In the workplace, organisational structures shape social processes by defining work arrangements, the social interactions, the technology used and the norms for behaviour (Tuckey et al., 2022). Individuals have characteristics that modify the impacts of these exposures, either increasing vulnerability or resilience. As with the management of other workplace hazards, control measures for harmful behaviours are most effective when they target multiple sources of risk, aiming to eliminate risks or minimise them where it is not reasonably practicable to do so (Safe Work Australia, 2023b Section 55D).

Individual characteristics

Personality factors are enduring characteristics of individuals. Higher negativity is associated with higher levels of exposure to workplace mistreatment, while agreeableness is associated with less exposure (Rai & Agarwal, 2018; Yao et al., 2022). Job dissatisfaction, negative emotions and work pressure are most associated with enacted aggression, although job dissatisfaction can also be an outcome of mistreatment, indicating the cyclic nature of harmful behaviours (Yang et al., 2024; Yao et al., 2022). Individual characteristics are influenced by social dynamics including power structures, group norms, level and type of mistreatment exposures (Yao et al., 2022), and perceptions of organisational justice (Holm et al., 2021). Individuals are more likely to be targets of mistreatment where they perceive a power imbalance (Gupta et al., 2020). Higher levels of mistreatment exposure are associated with flatter organisational structures, where responsibility for many functions reside with one influential manager (Hodgins et al., 2020).

Specific hazard exposures

The workplace is a dynamic environment where hazards arise from multiple sources at the same time, and interact to increase the risk of harm to health and wellbeing (Yao et al., 2022). The erosion of personal resources increases workers' sensitivity to physical and psychological illness and injury (Einarsen et al., 2020). These complex exposures also produce different harmful outcomes that can occur concurrently, e.g. musculoskeletal disorders and anxiety and depression (Duckworth et al., 2022; Jorgensen et al., 2024). Hazards upstream to the worker, that is arising from the work itself (e.g. organisational culture, leadership, work design factors and

physical hazards) are easier to address than trying to change individuals, and are more effective and sustainable, so must be prioritised above interventions targeting individual characteristics. The research evidence strongly supports interventions that target hazard exposures at the organisational context because they are most effective and have the greatest capacity to influence the risk of harmful workplace behaviours (Li et al., 2023).

Upstream (or antecedent) hazards are broadly similar for most forms of harmful behaviours. Deficiencies in work design and leadership are the main upstream hazards for bullying, where high task and low relationship orientation are features of the organisational culture (Gupta et al., 2020). These hazards are amplified by changes to work design from introducing technology, greater workforce diversity (where vulnerability due to difference increases individual's risk), and downsizing and organisational change (Gupta et al., 2020). Escalation of incivility to bullying is likely to occur in the presence of low perceived role clarity, organisational inefficiency and low commitment to health and wellbeing (Rosander & Blomberg, 2019). Some upstream hazards act as direct pathways (mediators) between exposures and outcomes, so make effective entry points to intervene, while others act by increasing or decreasing the intensity of the outcome from specific exposures (moderators). Addressing moderating hazards for harmful behaviours also provides effective entry points to minimise negative outcomes (Rai & Agarwal, 2018). Examples of mediators and moderators for the outcomes of bullying exposure are summarised in

Figure 4: Mediators and moderators for bullying exposure



Figure 4: Mediators and moderators for bullying exposure

Mediator and moderator factors for workplace bullying (Rai & Agarwal, 2018)

Common antecedents:

- Individual factors - personality factors, gender, ethnicity, race, disability
- Work design factors – job characteristics – job content, task variety, work organisation, social support, access to resources
- Organisational factors – leadership, culture, change management, downsizing, where organisational change and restructuring predict bullying.

Mediating factors:

- Relationship conflict is a pathway to task conflict, though problem-solving prevents task conflict escalating to relationship conflict
- Role conflict is a pathway between laissez-faire management, organisational change and bullying
- The quality of leadership is a pathway between low social support and bullying
- Interpersonal conflict with a supervisor is a pathway to bullying during organisational change
- Job and team-related hazards (workload, role ambiguity, frequency of conflict, social support) are pathways to bullying through role conflict and job insecurity.

Moderating factors:

- Job characteristics moderate bullying through psychological detachment (weakened relationship) and revenge (strengthened relationship)
- The relationship between workload and bullying is stronger when job autonomy is lower
- Bullying due to inequality is lower in the presence of higher assertiveness
- The relationship between bullying and job resources is stronger in the presence of high demands.

2.2.3 Interactions between concurrent exposures to hazards

Hazard exposures are dynamic in nature, changing over time due to individual factors and evolving work contexts (e.g. introduction of technology, change management and restructuring, new production processes and work arrangements). Exposure involves the total of all sources of potential harm impacting an individual in carrying out their work and must consider the interaction of physical and psychosocial hazards. For example, musculoskeletal disorders arise from exposure to job design hazards, physical hazards, the organisational structures and culture, and individual characteristics. These hazards combine to increase risk through psychological stress responses that amplify the effect of strain on bodily structures (muscles, tendons, joints) (Oakman et al., 2022). Individuals' coping resources are eroded through cumulative hazard exposures, depleting energy and impacting physical and psychological health, increasing the risk of injury and ill-health (Yao et al., 2022). Hazard exposures accumulate in the harm they cause, and the more hazards to which a worker is exposed the higher the risk of, and severity of psychological and physical health effects.

A cumulative body of evidence supports that work environment characteristics (e.g. high work demands, low work resources, and poor organisational climate) account for more variance in the exposure to workplace mistreatment than individual characteristics, particularly so in relation to harmful behaviours. (Gupta et al., 2020; Yang et al., 2024). Individual characteristics interact with

work environment hazards to influence a target's response. Being exposed either as a target or witness to harmful behaviours increases the risk of further psychological and physical harm (Jorgensen et al., 2024), and increases the risk of safety incidents involving physical hazards (Mullen et al., 2018).

Hazards of different types (i.e., organisational, work design, physical and individual) interact to increase the risk of harmful behaviours. Harmful behaviour exposures are complex and interactive, e.g., the harmful behaviour of ostracism has a unique relationship with, and is predicted by abusive supervision and bullying. Personality factors influence how targets respond, where reduced sense of belonging may lead to withdrawing to avoid further abuse (Kim et al., 2023) or anger may lead to escalating behaviours, creating a destructive cycle (Einarsen et al., 2020). Bullying has its origins in incivility that escalates (Holm et al., 2022) and is considered to be a cause of organisational climate, rather than an outcome. Even so, ongoing exposures to combinations of hazards gradually erode worker resilience, increasing incivility and leading to the spiralling and spread of negative behaviours (Gupta et al., 2020). Bullying and organisational culture reinforce each other so action must be taken to improve the organisational culture through promoting positive leadership behaviours and adopting comprehensive and integrated approaches to managing hazards that demonstrate respect for workers' health and wellbeing. A positive organisational culture and a committed workforce also has benefits for business performance (Walsh et al., 2019).

Escalation of harmful behaviours

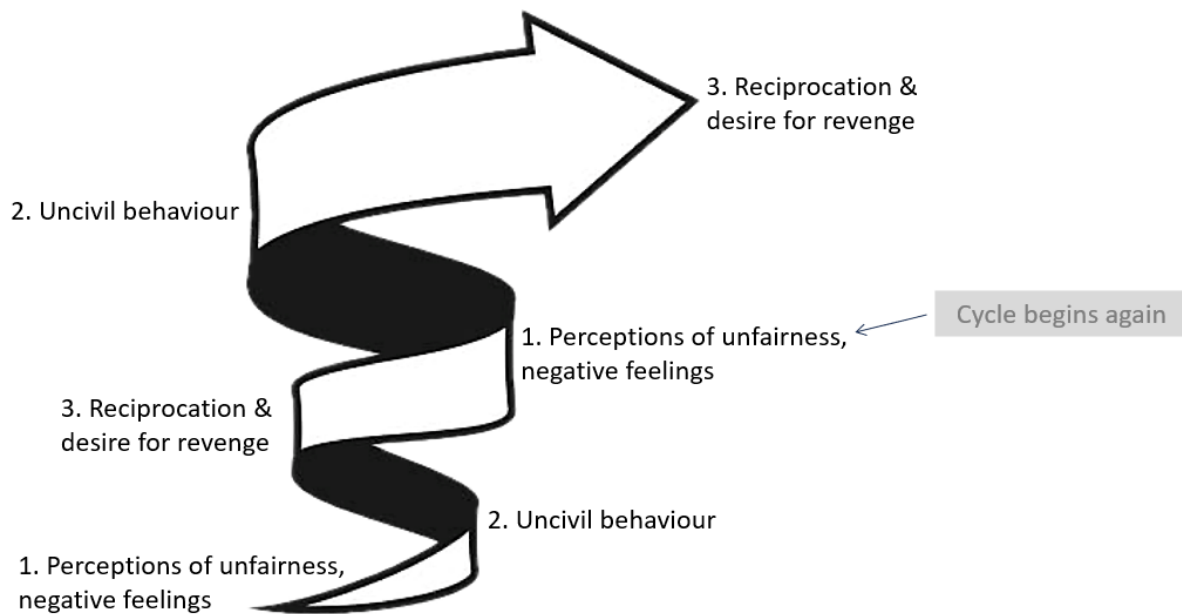
Harmful behaviours often escalate to other forms of behaviour (e.g. bullying), starting with exchanges of incivility. Witnessing incivility is linked to later initiating negative behaviour through incivility spirals (Holm et al., 2021). If an individual initiates uncivil behaviour to another individual, the target is likely to retaliate, which progresses in a back-and-forth cycle until the uncivil behaviour either escalates to aggression or bullying, or is resolved (Cortina et al., 2022). Targets often retaliate because they develop negative work-related perceptions of the initiator, losing respect for them and becoming more likely to seek revenge within the work context (Greenslade, 2021).

Escalation from incivility to bullying takes place in three intersecting ways. First there is escalating conflict about work tasks or activities that progresses to become person focused. This triggers ineffective coping which is compounded by poor work design (and physical hazards) affecting both the initiator and target, e.g. low job control reduces coping by eroding personal resources. The final element is the presence of a destructive team and/or organisational culture, where incivility becomes accepted behaviour (Einarsen et al., 2020 p. 30).

Incivility, as the most subtle and earliest indicator of workplace mistreatment, is corrosive in an organisation because it not only occurs between two initial individuals but then may spread throughout the workplace via witnesses (Holm et al., 2022; Nielsen et al., 2023). Incivility spirals not only intensify the exchanges of uncivil behaviour between an initiator and a target but increase colleagues' acceptance of disrespect. Widespread harmful behaviours erode social norms, degrading the organisational culture and reinforcing the likelihood of increasing frequency, duration and intensity of negative behaviours (Greenslade, 2021; Yang et al., 2024). The spiralling nature of incivility is shown in Figure 5, noting that it can be difficult to determine the starting point.



Figure 5: The incivility spiral



Adapted from Andersson and Pearson (1999)

2.3 Interactions between hazards – workplace arrangements and new technologies

The literature on the connection between technology and harm in the workplace describes four principal themes: (i) the effect of technology on workers as a result of perceived or actual risk of automation, notably displacement; (ii) technology as an enabler of new forms of working (with psychosocial consequences); (iii) technology as the agent increasing risk of harm (e.g., changing work patterns, technostress); and (iv) technology as a facilitator of harm in the workplace.

The first two themes relate to the applications of new technologies, where decisions on the use and integration of new technology in workplaces lie with management and leadership. The remaining two themes relate to the use and misuse of technology across organisations and its effect on interpersonal relations at all levels.

2.3.1 Technology as an enabler of new forms of working – with psychosocial consequences

Remote and hybrid working, including working from home

The academic literature indicates that remote and hybrid work models, which have become increasingly widespread following the COVID-19 pandemic, carry specific risks for harmful behaviours, including increased stress, psychological distress, and challenges related to discrimination and workplace isolation. The Productivity Commission (2021) argues that working from home can improve physical and mental health by giving people more time and control over their day — to sleep, exercise and eat well. Concurrently, adverse effects may result from reduced exercise, increased isolation and the blurring of boundaries between home and work. These outcomes are not inevitable, but are influenced by personal and domestic circumstances, and the support offered and expectations expressed by leaders and managers (Shirmohammadi et al., 2022). The impact on work organisation is also shaped by the extent to which workers rely on each other to complete their tasks (task interdependency), (Kossen & van der Berg, 2022); where remote working can reduce collaboration among co-workers (Yang et al., 2020) and have diverse effects on mental health (Figueiredo et al., 2024). Remote and hybrid working also risk creating platforms for harmful behaviour, facilitated or caused by non-presence. For example,

virtual/remote communications required for remote working, can be challenging due to the lack of visible body language or, with written communication, tone of voice (Kompella, 2022). A positive consequence is that remote working also reduces opportunities for personal bullying (Bollestad et al., 2022).

Reduced working time or four-day week

To the extent that technology (and associated productivity improvement) allows, shorter working hours including a shorter working week, are becoming increasingly common. The evidence suggests reduced working time has positive effects on physical and mental health, work-life balance, and reductions in burnout (Pignon et al., 2024).

2.3.2 Technology as the agent increasing risk of harm

New technology is enabling novel forms of workplace management and is often associated with performing work at accelerating speed. While there can be positive effects from these changes, they can also have adverse effects on the experience of workers, leading to technostress. New technologies, such as advanced computers and mobile devices, along with their increasing capacity to perform ever more complex tasks in ever more diverse circumstances, has increased the risk of technostress. Technostress “is a form of stress caused by the pervasive and dysfunctional use of technologies. It is connected to carrying out activities that strongly depend on the use of technology, due to time and functional constraints, which may have significant impacts both on the individual’s social life and psychophysical well-being” (Di Tecco et al., 2023, p. 3)

Algorithmic management is the most prominent form of new technology-induced alternative approaches to workplace and workflow management. Algorithmic management uses algorithms and artificial intelligence (AI) to execute management functions, including supervision (often remote), direction and guidance, performance assessment and work allocation (e.g., Benlian et al., 2022). It is also increasingly used in recruitment (e.g., using AI to scan job applications for pre-selection; and video interviewing with sentiment analysis). These uses have raised concern about harmful workplace behaviours, including discrimination and surveillance, both associated with adverse psychosocial experiences.

One of the main concerns with algorithmic management is its potential to introduce or encourage existing biases. Algorithms, by their nature, operate based on the data fed into them, which can reflect historical inequalities or biases present in the data sources. In recruitment, this has led to discrimination against minority groups, notably if training data reflect historical hiring biases (Chen, 2023; Köchling & Wehner, 2020). The same technology can also be used to predict the tendency for employee exits from a business (Marín Díaz et al., 2023) or worker performance (Nayem & Uddin, 2024). While technological approaches to exit or performance prediction may claim to be unbiased, debate continues about the reliability of machine learning tools, suggesting these claims should be met with caution. These technologies are used to condition responses to change or enforce predicted behaviours, meaning these responses will be inequitable, with resources invested in one or some workers but not others, risking discrimination (Sonderling et al., 2022). Automated performance monitoring systems can also create a culture of constant surveillance, leading to stress, anxiety, and a sense of dehumanisation among workers (Carlson et al., 2017; Siegel et al., 2022).

Algorithmic management can also lead to unfair labour practices (e.g. in the gig economy). The invisibility and constant evolution of algorithmic decision-making processes can create imbalance in information access, where workers are left with little understanding of how decisions about their work are made. This lack of transparency can lead to perceived unfairness and low trust in the platform, reducing job satisfaction and potentially decreasing



the quality of work life for gig workers, but importantly also leading to destructive behaviour by which gig workers actively seek to damage the business (Kellogg et al., 2020).

2.3.3 Technology as a facilitator or tool for conducting harmful behaviour

Cyberbullying is increasingly reported, arising from the growth in computerisation of public and private lives, including increased presence of both IT-assisted communications and cyberbullying in the workplace (Kowalski & Robbins, 2021). A specific form of cyberbullying is workplace technology-facilitated sexual harassment (WTFSH), which

“...involves unwelcome and/or threatening sexual conduct using mobile, online and other digital technologies in a workplace context. It can include a wide range of behaviours including unwelcome sexual advances, comments and jokes, sexual requests, relational pursuit (including monitoring or stalking behaviours), threats of physical violence such as rape, sexually explicit and abusive communications, and non-consensually taking, sharing or threatening to share, nude or sexual images, all within and beyond the physical location of the workplace, and during or after business (working) hours.” (Flynn et al., 2024, p. 9)

Generative AI (GenAI) is opening new avenues to harmful behaviour in workplaces as it makes available a wider – and more accessible – resource of “obscene, degrading, and/or abusive content” and an increased risk of “toxicity, bias, and homogenisation” (NIST, 2024, p. 4). This is an emerging theme, where little research findings have been published so far.

2.3.4 Interventions

Effective interventions target job content factors and work design, supported by organisational strategies including supportive leadership and promoting a positive workplace culture. To design and implement these strategies requires good knowledge of psychosocial and physical hazards that promote or harm wellbeing. Many strategies in the literature are built around developing procedural justice and fairness. In practice interventions frequently focus on supporting the individual through stress management education, building resilience, and leadership training, though there is limited reported success of these intervention studies (Mathisen et al., 2017).

Responses to the growing problem of work technology-facilitated sexual harassment (WTFSH) include expanding managers’ and workers’ awareness of the problem, improving clarity around internal workplace policies for preventing and responding to WTFSH; safety by design, where technologies are designed to reduce risk of harm, detection of initiators of harassment, increased reporting and investigation, and developing a supportive workplace culture (Flynn et al., 2024).

Procedural solutions may include adopting a comprehensive approach to hazard identification, assessment and control, reporting and investigation, supported by checklists to guide the process. Examples include the *Performance Diagnostic Checklist* (Austin, 2000) or the *Meeting Planning, Leading, and Evaluation Checklist* (LeBlanc & Nosik, 2019) to aid in systematically observing uncivil behaviours. Systematic risk assessment tools on workplace stress indicators can be used to identify and assess specific hazard sources for targeted attention (e.g., Barbaranelli et al., 2018), including specific technologies, e.g. the *Systematic WHS AI risk assessment* (Cebulla et al., 2021). These checklists could be used to identify occurrences of incivility and initiators, and aid in developing successful interventions (LeBlanc & Nosik, 2019).

A focus on “safety by design” (i.e., anticipating, detecting and eliminating hazards and risks by factoring safety into the design of any technology) in the development of workplace technologies (e.g. shared calendars) is needed. These considerations should be included in workplace policies to reinforce a culture that promotes appropriate or acceptable workplace conduct (ANROWS, 2024, p. 5).

2.4 Effectiveness of interventions

The body of evidence on intervention effectiveness accumulating over the last 10 years has focused on healthcare settings, mostly addressing nursing but also includes doctors, paramedics and other frontline staff (for a summary of interventions, see Figure 6). Studies prioritise workplace violence, due to its widespread occurrence, severity of outcomes and challenges arising from caring for vulnerable and distressed consumers impacted by the violence. Bullying (Luca et al., 2024; Tuckey et al., 2022) and incivility (Hodgins et al., 2014; Howard & Embree, 2020) interventions are also highly researched examples of harmful behaviours in healthcare. The most common interventions to prevent and manage violence address education and training, particularly in de-escalation and communication skills, and focus on patients, visitors and other consumers of services as the initiators of violence (Recsky et al., 2023; Wirth et al., 2021).

Research across workplaces in general reveals that most interventions have a strong reliance on policies and training, though research finds that enforcement and sanctions for initiators is rare (Gupta et al., 2020). Changes to the physical design of workspaces are less frequent (Crawford et al., 2019; Recsky et al., 2023) with little research over the last 15 years being directed at workplace design (Gupta et al., 2020). Interventions are rarely co-designed with the workforce, though where this occurs, interventions are highly effective and well accepted (Recsky et al., 2023; Touzet et al., 2019).

2.4.1 Commonly applied interventions in workplaces

The most commonly implemented interventions are policies and procedures, often focused on managing the consequences of harmful behaviours, rather than establishing the positive culture, management behaviours and work design practices needed to prevent them (Plimmer et al., 2022). Effective policies set the tone for workplace conduct, respectful relationships and fair treatment as the foundation for prevention, as well as the processes for investigating and resolving conflicts (Crawford et al., 2019). One of the shortcomings of internal investigations can be their lack of independence, and there may be vested interests in protecting initiators of harmful behaviours if they are leaders and highly effective in achieving financial benefits for the organisation (Gupta et al., 2020; Walsh et al., 2019).

Human resources management processes also often address harmful behaviours by incorporating values-based criteria and scenario-based interviewing into selection and recruitment, respectful behaviours training in induction, and reviewing of performance against accountabilities in performance appraisals (Törnroos et al., 2020). Codes of conduct and values statements are also frequently used to educate the workforce on expected behaviours, with hazard reporting and hazard surveillance used less widely to identify hazards using surveys, audit tools, and direct worker consultations (Wood et al., 2019).

2.4.2 Multi-component interventions for increased effectiveness

Multi-component approaches that are flexible and responsive to the dynamic workplace environment are most effective in preventing and minimising the risks of harmful behaviours. Interventions are most effective when deeply integrated into workplace culture and structures, rather than as isolated and occasional fixes (Recsky et al., 2023). The most comprehensive and robustly evaluated interventions reported in the literature reviewed were from healthcare, with one from retail (Li et al., 2023). These industries have the common factor of dealing with random members of the public, and the likelihood of intense interactions due to dissatisfaction with service. Despite this, the practical implications of findings are transferable to most workplaces by adapting key features of the processes and content to the scale and specific characteristics of individual workplaces.



Healthcare

Features of the healthcare interventions include targeting staff (workers and leaders), patients and visitors, and the workplace environment (job and work design, workplace design, and physical hazards) to identify, assess and manage hazards (see Figure 6 for specific examples)**Error! Reference source not found..** Fundamental in the healthcare context is achieving the balance between the dual duties of care – to maintain a healthy and safe workplace for workers, and the right of consumers or residents to safe and respectful care, choice and dignity (O’Keeffe et al., 2015). In many settings, the design of work does not support healthcare workers being able to step away while care is being maintained, so behavioural interventions (typically training and communication techniques, supported by clinical assessment) are used more commonly as part of multi-component interventions to minimise risk. Researchers agree that more robust studies with stronger designs (built on a theoretical base, using control groups and reporting a range of baseline and outcome measures) are needed to understand how interventions work and the combinations of controls that are most effective (Gupta et al., 2020; Recsky et al., 2023). A comprehensive approach should consider the progression of specific harmful behaviours and identify points at which intervention will be most effective (Crawford et al., 2019; Recsky et al., 2023).

Training in communication

Components of comprehensive interventions for frontline workers dealing with consumers, patients and members of the public frequently include de-escalation training when responding to evolving episodes of conflict. De-escalation training is a method used to prepare healthcare professionals, frontline workers and emergency services providers with increased situational awareness of the environment and the cues shown by people during escalation of a potentially violent event (Thompson et al., 2022). The aim is to anticipate the escalation and intervene to minimise the progression and harmful outcomes (see also bystander interventions in Section 2.4.3). De-escalation training also aims to increase the confidence of the worker in dealing with incidents. Effective de-escalation training includes case scenarios, and role playing with simulated learning experiences, followed by debriefing sessions to promote learning. The effectiveness of de-escalation training has been shown for both virtual and face-to-face delivery (Thompson et al., 2022). In a study of de-escalation training for violence in the emergency department, nurses reported significantly increased confidence in coping with violence four months after their training when compared to a control group. Smaller improvements were found in reduced severity of violent events and fewer interventions required by security teams. To remain effective, training needs to be regularly refreshed and updated to keep pace with a changing workplace environment (Recsky et al., 2023).

Figure 6: Key messages for healthcare violence prevention

Effective interventions addressing violence prevention in healthcare

- An extensive body of evidence focuses on violence directed at healthcare workers due to its high prevalence and potentially severe physical and psychological outcomes.
- Healthcare workers are vulnerable to violence due to a high pressure, complex work environment and constant interactions with acutely distressed consumers, potentially with altered behaviours due to intoxication, injury or mental health episodes.
- Multi-component, organisationally directed and supported interventions are most effective in minimising the risk of violence towards healthcare workers. Such interventions include:
 - integrated policy, procedures and programs for managing risk of violence, supported by measurable goals and outcomes
 - analysis of need, tailored, and practical scenario-based training, regularly refreshed and reviewed to meet dynamic workplace conditions
 - a co-designed approach, involving participation of affected healthcare workers and consumers (considering attitudes and emotions in stressful situations)
 - hazard surveillance and monitoring of working conditions
 - timely, easy to use reporting of incidents that are analysed to identify risk management improvements
 - effective risk assessment & control addressing physical and psychosocial hazards, and job design
 - documented individual consumer care plans including behavioural strategies.
- Specific examples of risk control include:
 - multi-disciplinary behavioural response teams, who are trained and regularly practise drills
 - training for staff in identifying cues indicating patients/visitors at risk of violent behaviours and potential for escalation
 - training with practical scenarios on de-escalation techniques
 - pre-shift team briefings to share information on potential risks
 - screening patients and visitors for risk of violence at triage
 - visible, timely provision of information to patients on wait times, procedures and processes in the emergency department or clinic to manage expectations
 - provision of a mediator or specialist professional to assist in early intervention problem-solving at the initiation of a potentially violent event
 - post incident debriefing and support
 - environmental design considerations – access to quiet rooms, privacy, security cameras, safe storage of hazardous equipment
 - improved design of the physical environment to promote patient comfort including access to food and drink.
- For healthcare workers such as paramedics and homecare providers working in less controlled environments, additional effective strategies have included:
 - risk assessments with targeted control measures for typical client homes/locations
 - staging and waiting for reinforcements/back up in high-risk situations
 - developing transportation policies
 - policies and procedures for use of chemical and physical restraints.

Sources: (Dafny & Muller, 2022; Howard & Embree, 2020; Schnell et al., 2023; Small et al., 2020; Spelten et al., 2022; Thompson et al., 2022; Touzet et al., 2019; Varty et al., 2024; Wirth et al., 2021)



In health and community services settings, effective communication is essential for responding to clients with intellectual, mental health or cognitive disabilities, including dementia or altered mental states. Similar to de-escalation training, effective communication aims to respond to unsatisfied needs (hunger, pain, frustration, boredom) and distress that may trigger aggression and violence (Schnelli et al., 2023). This form of training should be supported with access to clinical assessment to identify and address underlying physical and mental health conditions (e.g. infection) that may trigger behavioural changes (Kay et al., 2023). Key competencies to be developed through dementia care training include: understanding dementia and how it presents, sensitive communication skills and calm approach, the importance of client relationships, abilities, social history and preferences in daily life, and practical delivery of individualised, person-centred care (Savundranayagam et al., 2020). Individual clients should be assessed to identify their individual triggers, behaviours, and calming influences, and have these documented in their care plans. Caregivers should monitor and report patterns of changed behaviour early to clinicians involved in care delivery, to enable intervention to minimise episodes of distress, and update care plans as required (Schnelli et al., 2023).

Communication training has also been shown to be effective in dealing with lower intensity conflicts between staff. An educational intervention aimed at reducing incivility between nurses by improving communication in critical conversations found decreased levels of incivility and increased levels of comfort in engaging in difficult conversations (Howard & Embree, 2020). The training began by defining the problem and understanding the features of different types of harmful behaviours. Participants also learned how to react when conversations become critical by managing emotions and using constructive language. Important in enabling this was learning to identify conflict management styles and strategies for responding to differences, encouraging trust and willingness to create a safe environment for communicating. This intervention, and other effective communication strategies (e.g. Varty et al., 2024), used case studies and scenario-based problem-solving to assist participants to build skills through practice and receiving feedback from peers and educators (Howard & Embree, 2020).

Multi-level interventions

Interventions have also been developed to tackle specific harmful behaviours, particularly incivility because of its differences from other negative behaviours like bullying, harassment, discrimination and violence. Incivility has three key characteristics – norm violation (which is a feature of all forms of workplace mistreatment), ambiguous intent and low intensity (Leiter et al., 2015). The Civility, Respect and Engagement at Work (CREW) intervention has been successfully conducted in veterans' hospitals in the US. It focuses on building social relationships by repairing them and encouraging positive worker interactions to create cohesive and respectful workplaces. The program uses a co-design approach with the participation of management and unions. The process is facilitated by a co-ordinator appointed for each site who works with teams in regular workshops to reflect on working culture and problem-solving. Their purpose is to design tailored strategies for defining and implementing solutions based on diagnostic profiles collected through baseline civility surveys. The program is principle, rather than protocol, based giving it flexibility, and results in teams developing their own values and cultural norms (Osatuk et al., 2016) The development period takes six months and solutions are implemented over a further year, then evaluated in comparison to baseline survey data. The program is supported by internal promotion to generate awareness and participation and emphasise the value of tackling incivility to promote a productive workplace. The CREW intervention is highly resource intensive but considered worthwhile given the ease of growth and destructive effect of incivility on individual and organisational health and safety (Holm et al., 2022).

Other successful interventions tackling incivility in healthcare have focused on organisational structures for managing organisational hazards (leadership, culture) and work design (work organisation and job content) through creating clear and coherent policies and training programs targeting leader performance (Crawford et al., 2019). Key initiatives included improving manager competencies through training and coaching, and monitoring performance; enforced through performance management and disciplinary procedures. Human resources procedures and practices were strengthened by adopting structured interviewing during recruitment and exit interviews with follow-up to identify and improve working conditions. Hazard surveillance was also implemented for monitoring the work environment and culture through inspections and surveys, used as baselines to drive improvement. These structural changes were supported by staff training, including policies and procedures, specific techniques such as de-escalation, and a focus on duty of care (Crawford et al., 2019).

A multi-level intervention conducted in a French emergency department included patient-oriented and environmental solutions to reduce incivility and verbal violence (Touzet et al., 2019). The intervention was co-designed with healthcare workers and patients with the main aim of reducing patient waiting times and lack of information to reduce frustration at the source. The solutions implemented included the introduction of a computerised triage algorithm to systematically prioritise patient status, which was linked to a patient waiting room call system showing wait times. Signage was also installed to help patients navigate the emergency department. An independent mediator was introduced to assist patients by using problem-solving in the early stage of an evolving uncivil event. Video surveillance also provided the ability to monitor the waiting room to identify and respond to escalating behaviours (Touzet et al., 2019). Outcomes included significantly reduced incidents of violence by visitors and patients (based on worker reports). An immediate 53% reduction in violent events occurred within the first month of implementing the computerised triage algorithm. Combined, the effectiveness of the interventions provided improved patient care outcomes, reduction in violent events, and higher worker satisfaction (Touzet et al., 2019).

Non-healthcare workplaces

Few interventions published in the literature are comprehensive, evidence-based, and well evaluated. This lack of high quality intervention studies makes it difficult to bridge the gap between existing research findings and tools that can be effectively applied in practice by workplaces (Karanika-Murray et al., 2016). One recent exception is a study on preventing bullying in a large multi-site organisation in the Australian supermarket sector involving ten stores (Li et al., 2023). The study targeted the root causes of bullying by identifying, assessing and changing the contexts for people management (i.e. the organisational level hazards most contributing to bullying). The intervention was co-designed (i.e. developed collaboratively with managers and workers jointly deciding on the process and content (Nielsen & Christensen, 2021)) and addressed multiple dimensions of the work environment. An evidence-based risk audit tool was used to diagnose the risk contexts of people management practices, specifically coordinating working hours, managing work performance, and shaping relationships and work environment (Tuckey et al., 2022).

The intervention used a pre and post-test design with internal company data on customer complaints and worker reports in a controlled comparison with retail stores conducting 'business as usual'. The intervention components included a survey to collect baseline measures of job demands, resources and bullying exposure, which were fed back to staff in co-design workshops of half-day duration. Staff worked in groups of five and focused on the top three risk contexts prioritised in the diagnosis stage to develop interim and longer-term solutions. From there, action plans co-led by change champions were developed with



solutions implemented and monitored over an eight-month period (Li et al., 2023). Outcomes included changes in job demands and resources as central mechanisms of intervention effectiveness, controlling hazards at the source. Findings support the role of job demands as a mediating pathway to bullying behaviour. Other key outcomes included statistically significant reductions in industrial relations cases, worker grievances, and reported bullying. Meaningful improvements were also made in increasing worker advocacy at the organisational and store levels, with an associated increase in levels of customer satisfaction.

The critical implications for intervention effectiveness highlighted by this study include the value of creating a safety net, where psychological safety is implicit in the work environment, and participatory change to create alignment between staff (Li et al., 2023). Creating robust, fair, and collaborative participation structures builds team unity and co-operation that enhances a positive and self-reinforcing change trajectory. These features are possible to build in workplaces of all types and sizes but require committed and visionary leadership to be successful.

A study using data from 21,029 workers participating in the Swedish Longitudinal Occupational Survey of Health examined protective factors against bullying by evaluating worker health outcomes (measured through sleep problems and depression). High involvement work practices were defined as high levels of autonomy, decision-making and participation (Törnroos et al., 2020) and were found to be protective of bullying. Findings point to the most effective interventions as involving a combination of strategies built around anti-bullying policies supported by senior management. Policies must focus on building a respectful environment, include conflict resolution procedures, reporting and investigation, and be supported by sanctions for initiators. Leadership training and coaching, supported by performance monitoring is also needed to hold managers to account for creating a safe work environment through attention to work design and leadership behaviour. This study also supports the effectiveness of co-design in identifying and implementing evidence-informed work design solutions, conflict management procedures and training (Törnroos et al., 2020).

In summary, effective interventions require the following features (as reported by Leiter, 2016).

- a stepwise, systematic approach
- clear structure, tasks, and responsibilities
- participation and co-design with affected parties (workers, leaders, consumers, unions)
- management and worker co-operation
- workers to be recognised as experts
- management responsibilities are emphasised
- based on thorough risk assessment with robust tools and performance measures (measured pre and post intervention)
- assess the organisation as a whole but also examine the department and job levels
- use clear facts and data to present findings from each stage to senior management and affected workers.

2.4.3 Bystander interventions

A bystander is someone who sees or becomes aware of a harmful event that could happen, is happening or has happened to someone else but is not originally involved in the event (Taket & Crisp, 2017). Bystanders can choose to do nothing (referred to as a passive bystander), effectively condoning the behaviour, or they can intervene and act (referred to as an active bystander, (Powell, 2014)).

Bystander interventions aim to encourage action so that a person “recognises acts of injustice and takes a stand, by interrupting and challenging situations that normalise discrimination and

potential violence” (American Psychological Association, 2022, p. 1). There are three key types of bystander interventions which relate to the timing of the response to the harmful event: Primary intervention aims to prevent harmful events from occurring in the first place (typically through increasing awareness and knowledge about attitudes); secondary interventions aim to respond during a harmful event (requiring practical strategies to challenge the situation); and tertiary interventions involve responding after a harmful event, to support the target (AHRC). All strategies are important, but it is most effective to prevent, and respond during an event by minimising harm at the source.

Primary workplace interventions

Bystander prevention interventions typically consist of training programs or educational sessions (Mujal et al., 2021) although can include promotional material and advertising campaigns such as videos and posters (Gaffney et al., 2023). There is limited evidence about bystander training interventions and outcomes in professional settings (Kuntz & Searle, 2023; Mujal et al., 2021; Tacket & Crisp, 2017) with most available research conducted in educational institutes involving student populations or staff at medical facilities (Lassiter et al., 2021). The lack of evidence can make it challenging for Australian businesses to identify and implement bystander programs that will address a range of harmful behaviours and that also align with their business context. Current bystander intervention programs are aligned with community-centred prevention models rather than the previous models emphasising individual characteristics (Banyard et al., 2004).

Training program characteristics

Lassiter and colleagues (2021) used expert opinion to form agreement on what constitutes best practice when developing bystander early intervention training programs. They determined training should be interactive and instruct staff in how to identify the harmful behaviour, when to intervene and how to seek help (from leadership and providing targets with support and care). Lassiter and colleagues (2021) recommend that training should incorporate:

- Identifying and defining harmful behaviours, including considering threats as having the same importance/consequences as actual events
- Knowledge and understanding of the pre-conditions to harmful behaviours
- Discussion of the expectations for bystanders
- Providing knowledge on how to de-escalate conflict
- Awareness of supports and resources to prevent and respond to harmful behaviours
- Understanding and application of workplace policies
- Using realistic scenarios (i.e. provide specific examples of unacceptable conduct) and group discussion to reinforce intervention strategies.
- Show videos of target experiences where possible

Recommendations for designing, delivering and supporting bystander training have been developed (see Table 2) based on a successful program from the University of Edinburgh for medical students to target discrimination and general harassment (Aitken et al., 2023).

Table 2: Key content for active bystander intervention program development

Component	Purpose
Critically self-reflect on what motivates and prevents active bystander interventions	Challenge assumptions and unconscious biases: - What are your own experiences of being/not being a bystander? - What are the barriers to responding?



Component	Purpose
Actively engage participants and facilitators from under-represented and marginalised groups	Provide valuable insights and sense of authenticity to design of training and discussions that group can learn from, e.g.: <ul style="list-style-type: none"> - Personal lived experiences - Relevant and current issues - Strategies - Support networks
Foster a safe and supportive environment for each training session	Acknowledge and validate uncomfortable emotions, create space for open, non-judgemental discussion through: <ul style="list-style-type: none"> - Clarifying workshop expectations at start - Establishing ground rules for discussions including respect and confidentiality and freedom to leave the session at any time - Inclusion of informal, ice-breaker activity to help disestablish any perceived hierarchies - Facilitation from skilled people who are approachable, non-threatening, encouraging and open-minded
Develop scenarios based on real life examples	Case studies of real experiences are more realistic and relatable for learners, can aid perspective-taking (victim, perpetrator, bystander)
Consider including scenarios and activities on various forms of discrimination and prejudice	Aim to capture a wide variety of unprofessional behaviour (e.g. racism, homophobia, transphobia, sexism, ableism, body shaming), acknowledging the subtleness of some forms can make it harder to recognise
Design sessions that are highly interactive	Can be supported by allocating pre-session work and prioritising time for discussion and questions in the session. Particularly critical when sessions are delivered online. Group discussions and personal interactions are typically the most useful elements of bystander intervention training and thus the quality of this will strongly contribute to the quality of effectiveness and outcomes achieved.
Facilitate small group sessions	More meaningful discussion usually occurs in smaller groups. Aim for 20 participants which allows for smaller break-out group discussions as well
Encourage a reflective environment	Reflective journalling, storytelling and creative enquiry can promote reflection which is critical to knowledge consolidation and developing new understanding. Sharing of resources and support networks can encourage continued reflection and action.
Share lessons learned	Ask for examples of how the session has changed participant understanding, or what is one action they will take away from the session. Emphasise there is no one-way to be an active bystander, is in an ongoing learning and development opportunity.
Embed continuity in the delivery of training	One-off, short-term training is not highly effective at changing behaviours long-term. Multiple sessions and follow-up sessions over extended time periods can be more effective, ensuring the complexity of the training matches participant learning and development stages.
Evaluate the sessions, listen to feedback, and make dynamic changes	Consistently seeking feedback through numerous sources is important, such as: <ul style="list-style-type: none"> - Distribute anonymous surveys to participants at conclusion of session - Share facilitator contact details and seek feedback to refine content - Have other facilitators monitor sessions and hold post-session debriefs about what could do better/differently
Keep up to date with the current cultural, political, and social climate	Be aware how social movements (e.g. Black Lives Matter, MeToo, COVID-19 pandemic) may influence discussion and behaviours on when and how to be an active bystander

Summary based on Aitken et al. (2023).

A systematic review of different forms of single bystander intervention programs aimed at preventing sexual violence and assault shows the variation in how the above components can be implemented (Mujal et al., 2021). Findings from the 44 studies reviewed showed the most evaluated interventions were 'Bringing in the Bystander' (25%), 'TakeCARE' (9%) and 'The Men's Program' (9%) (see Figure 7 below for summary). Assessment of program effectiveness also indicated that, overall, the programs improve attitudes and behaviours. Of the programs evaluated, 'Bringing in the Bystander' and 'The Men's Program' had the most research evidence for effectiveness (Mujal et al., 2021, p. 381).

Figure 7: Summary of common bystander interventions for sexual violence

Bringing in the Bystander™ (Banyard et al., 2004; Inman et al., 2018): Developed at the University of New Hampshire. Original training format involves delivery by peer facilitators to same-sex student groups over one or more sessions. Content involves: educational information (including contrasting rape myths/assumptions with prevalence statistics), role-playing, empathy-building exercises, solution brainstorming and signing active bystander commitment pledges.

The Men's Program (*Culture of Respect*, 2014; Foubert & Masin, 2012; Langhinrichsen-Rohling et al., 2011) This rape prevention program is designed to educate male college students about what rape feels like, how to help a target recover and how to intervene if they see a situation that may turn into rape. In addition to bystander strategies, the program focuses on empathy building and defining consent. It is usually delivered to male-only groups by peer educators.

TakeCARE (Jouriles et al., 2016)

This program involves online distribution of a 25-minute video targeted to college students. The program was designed to increase responsive bystander behaviour to prevent sexual violence towards friends by increasing perceived efficacy in performing bystander behaviours.

Evaluating training program effectiveness

Taket and Crisp (2017) provide a rapid review of bystander prevention programs, including the extent of their effectiveness. They acknowledge several limitations of the nature and magnitude of program effectiveness, including:

- Different intent and theoretical bases between interventions
- Reliance on self-report measures
- Differences in the assessment measures used
- Short follow-up time between pre and post assessment
- Failure to adequately measure each component of a program
- Failure to consider opportunities to apply skills/training.

These limitations mean the effect of bystander training on widely measured outcomes (summarised in Table 3: Outcomes used to evaluate the effectiveness of bystander intervention programs) is variable. As outlined in Table 4, there is general support for the effectiveness of programs in increasing confidence and willingness of participants to be an active bystander, although actual behaviour change is less common. Also, the effect on knowledge and attitudes has been inconsistent (Kettrey et al., 2019).



Table 3: Outcomes used to evaluate the effectiveness of bystander intervention programs

Measure of effectiveness	Description
Knowledge and understanding	i.e. of appropriate, specific bystander interventions; can use multiple items to create an index of knowledge on recommended behaviours (O'Brien et al., 2021)
Self-efficacy (confidence)	i.e. belief or trust in your ability to successfully intervene (Kuntz & Searle, 2023)
Intent to intervene/willingness to help (bystander behaviour)	i.e. ask whether would apply any of the bystander strategies in specific scenarios (Kuntz & Searle, 2023)
Change in attitudes and beliefs	i.e. about helping a person who is in harm's way/subject of harmful behaviour
Incidence of harmful behaviour	i.e. frequency of negative acts/exposure to harmful events/situations (O'Brien et al., 2021)

Table 4: Overview of bystander intervention program effectiveness findings

Studies	Review summary
Katz and Moore (2013)	Moderate effects of bystander education on both bystander effectiveness and intentions to help others at risk. Smaller but significant effects observed for self-reported bystander helping behaviours, (lower) rape-supportive attitudes. Generally show good support for the effectiveness of in-person bystander education training
Storer et al. (2016)	Show support for increasing willingness to intervene and confidence in ability to intervene when witnessing potential sexual violence. Longer interventions produce stronger results
DeGue et al. (2014)	Of the 10 studies measuring bystander behaviour, half found only positive effects, three found a mix of positive and negative effects and two produced no significant effects. Of the 14 studies measuring bystander intentions, eight found only positive effects, two found mixed effects and four found no significant effects
Kuntz and Searle (2023)	Study demonstrated the bystander intervention training resulted in significant improvements to bystander attitudes and beliefs (from baseline to 2-week post training), due to the quality of training materials, the facilitator and opportunities to role play bystander intervention strategies. The positive bystander beliefs, attitudes and intent to intervene declined in the months following the training (2-month follow-up).

Enhancing training program effectiveness

Leadership commitment has been identified as a key factor to the successful implementation of bystander intervention training (Lassiter et al., 2021). Table 5 provides a summary of best practice leadership approaches that should support prevention training.

Table 5: Best practice leadership approaches to prevent harmful behaviour and promote active bystanders

Leadership approach	Description	Practitioner-informed strategies
Recognise harmful behaviours in the workplace (critical first step)	Conduct a needs assessment to identify organisational culture or sub-culture issues	Regularly seek feedback from workers and customers about the extent to which they feel safe when at the workplace. This could include surveys, or simple 'Happy or Not' feedback smiling face rating systems/kiosks
Create workplace climate/environment of safety so that workers feel comfortable to raise and discuss issues	<ul style="list-style-type: none"> - Provide confidential reporting options for all workers with a clear escalation plan - Prohibit retaliation - Build teamwork and develop trust so that prevention and intervention are possible, accepted and expected - Provide support for the targets (essential if culture is going to change enough to harmful behaviours in the future) 	Communicate what to do if feeling unsafe. This may extend to interactions with customers such as the 'Ask for Angela' campaign (to promote safety for patrons in licensed venues; Consumer and Business Services (2024)). Combined with this, helping behaviours should be consistently recognised and rewarded so that it is clear what behaviours are required to 'fit-in' and succeed in the workplace environment (also relevant to 'Demonstrate commitment and support').
Demonstrate commitment and support	– Provide strong messaging and established culture of zero tolerance (with follow through), role model desired behaviours	Visible artefacts to communicate expectations of workplace (and customer) behaviours are another important part of prevention strategies. These could include display of organisational values, 'We're Equal' signage (indicating a zero tolerance for discrimination and disrespectful behaviours whether to or by customers, staff or suppliers/contractors; Equal Opportunity S.A. (2023))
Accountability through developing, implementing and enforcing policies and procedures	<ul style="list-style-type: none"> - Ensure everyone understands post-incident procedures and knows their responsibilities - Investigate suspected or reported incidents of harmful behaviour and take administrative or disciplinary action (including termination where appropriate) 	Ensure awareness of policies and procedures forms part of workers' induction and make policies and procedures current, easy to understand and accessible to all staff. Incorporate post-incident debriefs and reviews, root cause analysis or continuous improvement methods to prevent and minimise the same problems from recurring.
Mandate training for all staff	Relevant topics beyond harassment, discrimination and violence-specific content include diversity and inclusion, communication and conflict management, awareness of the	Identify and prioritise initial training for peer leaders or champions who can help generate interest and sustain momentum and learning



Leadership approach	Description	Practitioner-informed strategies
	environment and emotional intelligence	

Sources: Kuntz and Searle (2023); Lassiter et al. (2021)

Secondary and tertiary workplace interventions

These interventions are about how to respond in the moment, or just after a harmful event, when a person finds themselves to be a bystander. This involves applying the practical strategies taught in prevention training. Two commonly used frameworks for action are the:

Five-step perception and decision-making process

(American Psychological Association, 2022; Taket & Crisp, 2017)

- **Notice** – Interpret situation as discriminatory or an emergency (requires good awareness of the environment)
- **Evaluate** – Determine the nature of the problem and decide if it requires intervention (e.g. rapid blinking can be a sign of distress or discomfort, or it could be an indication of eye discomfort)
- **Assume responsibility** – Let others know you have noticed something that may be risky and that you are going to investigate
- **Know how to approach** – Think about how you might tackle the situation, plan what you might say or do
- **Choose to take action** – Follow through by putting your plan into action

5Ds' - Distract, Delegate, Document, Delay and Direct

(Right to Be, 2024)

These guide points are described in Table 6 and expand the work of Green Dot (see Figure 8) who established the 3Ds (Distract, Delegate and Direct) in 2012 (Right to Be, 2024). The idea is that a bystander selects *at least one* of these actions to indicate the harmful behaviour is not acceptable. The option selected may vary between situations and depend on how comfortable the bystander feels at the time but reiterates there is always something that can be done, no matter how small.

Figure 8: Example bystander intervention - Green Dot

Green Dot (Coker et al., 2011; Cook-Craig et al., 2014; Western Kentucky University, 2024):

Green Dot is one of the most well-known and well-researched bystander education programs (McMahon et al., 2021). Originally developed to reduce all types of sexual and dating violence in high schools and colleges. It involves two phases: (1) a 50-minute persuasive speech to students, teachers, school leaders and administrative staff to introduce the concept and motivate commitment to prevention; (2) all students are invited to attend multiple small-group sessions, 'Students Educating and Empowering to Develop Safety' (SEEDS), to learn how to recognise and apply proactive bystander behaviours. Also, 'Peer Opinion Leaders' (students considered to be respected and have influence in each community) are a focus of recruitment to help promote positive behaviours throughout their community. Direct, Delegate and Distract ('3Ds') are the main reactive (de-escalating) strategies when intervening in a potential high-risk situation.

Table 6: The 5Ds to being an active bystander

Domain	Description	Examples
Distract	An indirect approach to interrupt and de-escalate the situation	Create a commotion – spill a drink, trip over. Initiate small talk - ask for help to find your keys, have they seen your colleague
Delegate	Ask a third party for assistance, it does not have to be a person in position of authority	Look for someone who is ready and willing to help you. Tell the person as clearly as possible what is happening and what you would like them to do (e.g. tell the manager, call the police)
Document	<u>If target is receiving help and it is safe to do so</u> , record details of the situation (note permission to share the situation belongs to the target, especially regarding video footage)	Note down: - what happened - who was involved - time and location it occurred - names of any witnesses
Delay	Check in with the target	- Are you ok? - Can I do anything for you? - Can I sit with you?
Direct	<u>If everyone is physically safe</u> , speak firmly and clearly against the discrimination/harassment taking place	- That is inappropriate - Please stop right now - They asked you to leave them alone and I am here to support them

Sources: American Psychological Association (2022); Right to Be (2024)

2.5 Implementing, monitoring and reviewing controls

The Australian WHS legislation requires consultation with workers and others affected by the work when identifying hazards, assessing risks and implementing



controls (Safe Work Australia, 2023a Part 5, Div. 2 Section 47), highlighting the basic principles of co-design (Li et al., 2023; Recsky et al., 2023; Rhead et al., 2021), a feature of intervention success. WHS law enables workers to participate in sharing relevant information about hazards and risks, have a reasonable opportunity to express views, and contribute to decision making. Workers are also entitled to participate in the development of policies and procedures affecting health and safety and to raise questions and concerns about health and safety when workplace changes are proposed. Studies describing detailed co-design approaches (Li et al., 2023; Osatuk et al., 2016; Touzet et al., 2019) are under-represented in the literature for addressing harmful workplace behaviours. Greater research attention should be paid to identifying and understanding the mechanisms for establishing successful co-designed approaches that can be applied in general workplaces.

Workplaces are also required to maintain and review the effectiveness of control measures for health and safety (Safe Work Australia, 2023b Part 3.1, Sections 37-38). Control measures must remain fit for purpose, and suitable for the nature and duration of the work, be set up and used correctly. There is little discussion in the literature about maintaining and reviewing the effectiveness of controls for harmful behaviours, beyond assessing the effectiveness of training and reviewing it to ensure it remains current and tailored to workplace needs (Blackstock et al., 2018; Varty et al., 2024). One systematic review on evidence-based approaches to mitigating violence in hospital emergency departments emphasises the necessity for monitoring and review of integrated control measures to ensure they remain operational and effective (Recsky et al., 2023).

Authors also comment on the misuse of harmful behaviours policies in workplaces, where reporting procedures are used to focus on legal aspects, rather than creating the climate of respect and positive working conditions required to prevent incidents (Plimmer et al., 2022). This example indicates where a control is being misused and becomes counterproductive to reducing harm. The lack of follow-up and review of leader accountability to manage harmful behaviours (e.g. Gupta et al., 2020) has also been identified as a failure in controls based on policies and procedures. The lack of attention to maintenance and review of control measures emphasises the poor understanding of the dynamic nature of hazard presentations and risk control, and calls for more attention to understanding the importance of ensuring risk management practices keep pace with workplace change. The lack of focus on monitoring and review in the literature highlights the need for research targeted on strategies for sustaining effective risk management for harmful workplace behaviours.

3 Managing risks to vulnerable workers

3.1 Defining vulnerability in the context of work

The concept of vulnerability is difficult to define, though the core principles refer to people who have an *identifiably increased* potential to experience *additional or greater harm* in a situation (Hurst, 2008), due to social injustice and disadvantage, dependencies, or impaired capabilities, making them less able to protect themselves (Bozzaro et al., 2018). It is important to note that not all persons within these groups experience harassment or other forms of harmful behaviours.

Vulnerable *workers* (also referred to as ‘high risk groups’) have characteristics that make them highly sensitive or over-exposed to health and safety risks compared to the general workforce (Health and Safety Authority of Ireland, 2024). These characteristics are likely to combine with workplace hazard exposures to increase their risk of injury and ill-health, meaning they require additional protection in the workplace (European Agency for Safety and Health at Work, 2022). Examples of workers who are most likely to be vulnerable include those who are: young (aged 15-25 years), older (50-65+ years); of a different ethnic, racial, cultural, or language background (e.g., indigenous, migrants); new to the job or inexperienced (e.g., new hires, apprentices, agency hire); living with physical and/or mental disability or a chronic health condition; or pregnant (Health and Safety Executive, 2024).

Harmful workplace behaviours are also broad in context, and include bullying, harassment, incivility, rudeness, aggression, and abuse. Although vulnerable workers are more likely to experience a range of harmful behaviours, discrimination is one of the most commonly experienced behaviours, and can simply be understood as treating a person unfairly because of who they are (Rhead et al., 2021), in having certain characteristics that make them ‘different’. Discrimination is frequently based on race and indigenous status (Labelle-Deraspe & Mathieu, 2024b; Parmenter & Drummond, 2022; Trenerry et al., 2024), ethnicity and migrant status (Afsharian et al., 2021; Hebl et al., 2020), disability (Jones et al., 2018), age (Frimpong et al., 2022; Sinclair et al., 2024), gender identity, (Mizock et al., 2018; Ruggs et al., 2015), sexual orientation, and pregnancy (Potter et al., 2024).

3.1.1 Interactions between sources of vulnerability

Discrimination may arise where people are members of a minority group and present in ways that distinguish them from the dominant group (e.g. by appearance and behaviour, style of dress, language or accent, cultural practices). A perceived difference establishes ‘in’ and ‘out’ groups – those who belong or are excluded, where the ‘in’ group often perceives themselves as superior and/or feels threatened (Bergbom & Vartia, 2021). Other pre-conditions for harmful behaviours include power imbalance, where the vulnerable worker is dependent due to their work role or position in the organisation (e.g., needing information or resources from others to meet their job requirements), and fear of job loss (e.g., due to visa status, pregnancy, inexperience, not conforming to social norms, or speaking up). Vulnerable workers are more likely to experience harmful behaviours when they belong to multiple disadvantaged groups (e.g. identifying as gender-diverse, being of another racial or ethnic background, and having one or more disabilities) (McCord et al., 2018; Xu et al., 2020). People with hidden, stigmatised, unpredictable and episodic disabilities such as mental illness (e.g. psychotic or mood disorders) are at higher risk of workplace mistreatment and discrimination, and also frequently have co-existing vulnerabilities (Koch et al., 2022). Ethnic, migrant or indigenous workers are also likely to have suffered trauma through having experienced injustice, war, conflict, violence and deprivation earlier in life; compounding their vulnerability and the impact of psychological distress from workplace mistreatment (Opie et al., 2019; Xu et al., 2020).



3.1.2 Interactions between harmful behaviours in the context of vulnerability

A range of harmful behaviours experienced by vulnerable workers also interact (e.g. incivility, bullying, harassment and abuse often co-occur or contribute to discrimination (e.g., Ruggs et al., 2015)). When combined with characteristics that define an individual's vulnerability, these interactions multiply the risk of harmful outcomes, particularly psychological distress (Afsharian et al., 2021; Potter et al., 2024; Rhead et al., 2021). In the workplace, harassment refers to

“a range of unacceptable behaviours and practices, or threats of, whether a single occurrence or repeated, that aim at, or are likely to result in physical, psychological, sexual or economic harm, and includes gender-based harassment” (International Labour Organization, 2019).

In Australia, harassment also includes unfavourable, discriminatory, offensive behaviour that humiliates or intimidates and is based on age, sex, disability, race, gender identity, sexual orientation, caring responsibilities and pregnancy (Equal Opportunity Commission South Australia, 2021).

Microaggressions refer to subtle, brief and everyday verbal, behavioural putdowns, whether intentional or unintentional, that communicate hostile, derogatory, or negative slurs and insults to others (Jones et al., 2016; Sue et al., 2019). Microaggressions can also be described as 'everyday' discrimination (Smith & Griffiths, 2022) and incivility (Holm et al., 2022; Shin et al., 2022; Zurbrügg & Miner, 2016). Incivility has been described as “rude behaviour that violates workplace norms for mutual respect” and can include interruptions, excluding a colleague from professional friendliness or inappropriately addressing a colleague (Zurbrügg & Miner, 2016 p. 565). Workplace incivility has also been described as “low intensity deviant behaviour with ambiguous intent to harm the target in violation of workplace norms for mutual respect” (Andersson & Pearson, 1999; Smith & Griffiths, 2022 p. 277).

These subtle forms of negative behaviour are significant problems in the workplace, because they “lurk beneath organisational radars” (Labelle-Deraspe & Mathieu, 2024a p. 5163) to reveal disrespect, exclude individuals, and erode worker performance. Incivility is of lower intensity than more overt behaviours like bullying, so these acts may go unnoticed and are often interpreted as ambiguous, where the targeted person is unsure whether the offending person intends to cause harm. The constant nature of incivility and microaggressions, compounded by its ambiguous nature, may be more harmful than overt discrimination because it continually erodes personal coping resources (Cortina et al., 2022; Sguera et al., 2016). Subtle forms of mistreatment have been found to be at least as harmful as overt mistreatment and discrimination as shown by measures of individual work success, (e.g., career progression), organisational outcomes (e.g. turnover and lower performance), physical health (e.g. higher blood pressure and body weight) and psychological health (e.g., mental health disorders and lower self-esteem) (Jones et al., 2016).

Microaggressions, everyday discrimination and incivility are forms of mistreatment with the common features of low-intensity interactions. They may be underlined by subtle disrespect, condescending or patronising tone or content, and personally-based discrimination that “would not be recognised as overt discrimination” (Smith & Griffiths, 2022 p. 283). These findings are supported by research showing that workers from racial minorities or those with physical disabilities or who are gender-diverse, are at higher risk of experiencing uncivility resulting in higher levels of psychological distress (Labelle-Deraspe & Mathieu, 2024a, 2024b). In terms of sources, low-intensity mistreatment by co-workers is likely to have more significant impact on targeted workers' psychological distress than the same behaviour from their direct supervisor. This is because supervisor contact tends to occur less frequently and is more likely to be one-on-one. In contrast workers can be more exposed to co-workers, where mistreatment may be directed from multiple sources and be frequent and prolonged (Labelle-Deraspe & Mathieu,

2024a). Incivility has also shown to be higher for women (Rabelo & Cortina, 2014) and toward racial minorities (McCord et al., 2018; Zurbrügg & Miner, 2016), particularly women identifying as indigenous (Labelle-Deraspe & Mathieu, 2024b).

Indigenous Australians are under-represented in the literature on workplace harmful behaviours. Racism and discrimination are the most common harmful behaviours reported by Indigenous Australian workers (Lai et al., 2018; Roche et al., 2013; Trenergy et al., 2024), who experience racism from individual co-workers and consumers, as well as institutional or systemic racism from structural policies and procedures. Institutional racism inflicts harm through limiting access to opportunities and resources in society (Trenergy et al., 2024). Findings from a review of fifteen studies on Indigenous Australian healthcare workers also found racism was common, though perceived level of management and co-worker support, respect for indigenous culture, and access to professional supervision and mentoring significantly improved work-related strain, job satisfaction and intention to stay (Lai et al., 2018). While it is essential to involve workers in the co-design of interventions that affect them, Indigenous Australian workers often experience 'cultural load' imposed by their organisations. This is the invisible load placed on individuals to provide indigenous knowledge, education and support, which is rarely recognised or formally included in workload (Sivertsen et al., 2023). This load may create stress and trauma, and at the extreme is considered a form of racism. Leaders must ensure formal allocation of resources to manage diversity and inclusion initiatives to mitigate this risk (Trenergy et al., 2024). Where indigenous healthcare workers are working within their communities, they are also more likely to experience a higher risk of indirect trauma and emotional exhaustion from supporting individuals (often with close ties) traumatised by violence, deprivation and physical and mental health conditions, as well as work-family imbalance (Cox & Best, 2022; Roche et al., 2013).

A recent Australian national review of work conditions and discrimination of pregnant workers found unacceptable levels of subtle and overt discrimination. Around 20% of the large sample (n=1048) reported their jobs were altered against their wishes and they received lower salary and bonuses than their non-pregnant colleagues. Almost half were directed to work below their level of competence, a third experienced excessive monitoring of their work and around 20% received suggestions they should quit their job (Potter et al., 2024). Pregnancy, combined with being from an indigenous, racial, ethnic and economically disadvantaged minority has also been associated with higher levels of discrimination in finding and keeping a job, and negotiating leave and entitlements (Larios, 2023; Mehra et al., 2023).

3.2 Interventions for controlling hazard and risk exposures to harmful behaviour in vulnerable workers

Vulnerable workers possess characteristics which are generally not modifiable, and when combined with exposures to harmful behaviours, increase their risk of injuries, incidents and ill health, including traumatic injuries, musculoskeletal, physical and psychological health disorders (Lippel et al., 2016; Mucci et al., 2019). Due to the increased risk of harm arising from the combination of multiple and interacting hazards, interventions must address multiple hazards to reduce the overall risk most effectively.

3.2.1 Organisational interventions

The literature on harmful behaviours describes a range of interventions effective in minimising their negative impacts on affected workers, organisational performance and culture. Early intervention by managers on subtle forms of harassment, like incivility, must be fair, quick, and systematic to prevent it continuing and spreading to, or influencing, other workers. The most frequently reported interventions were organisational-wide

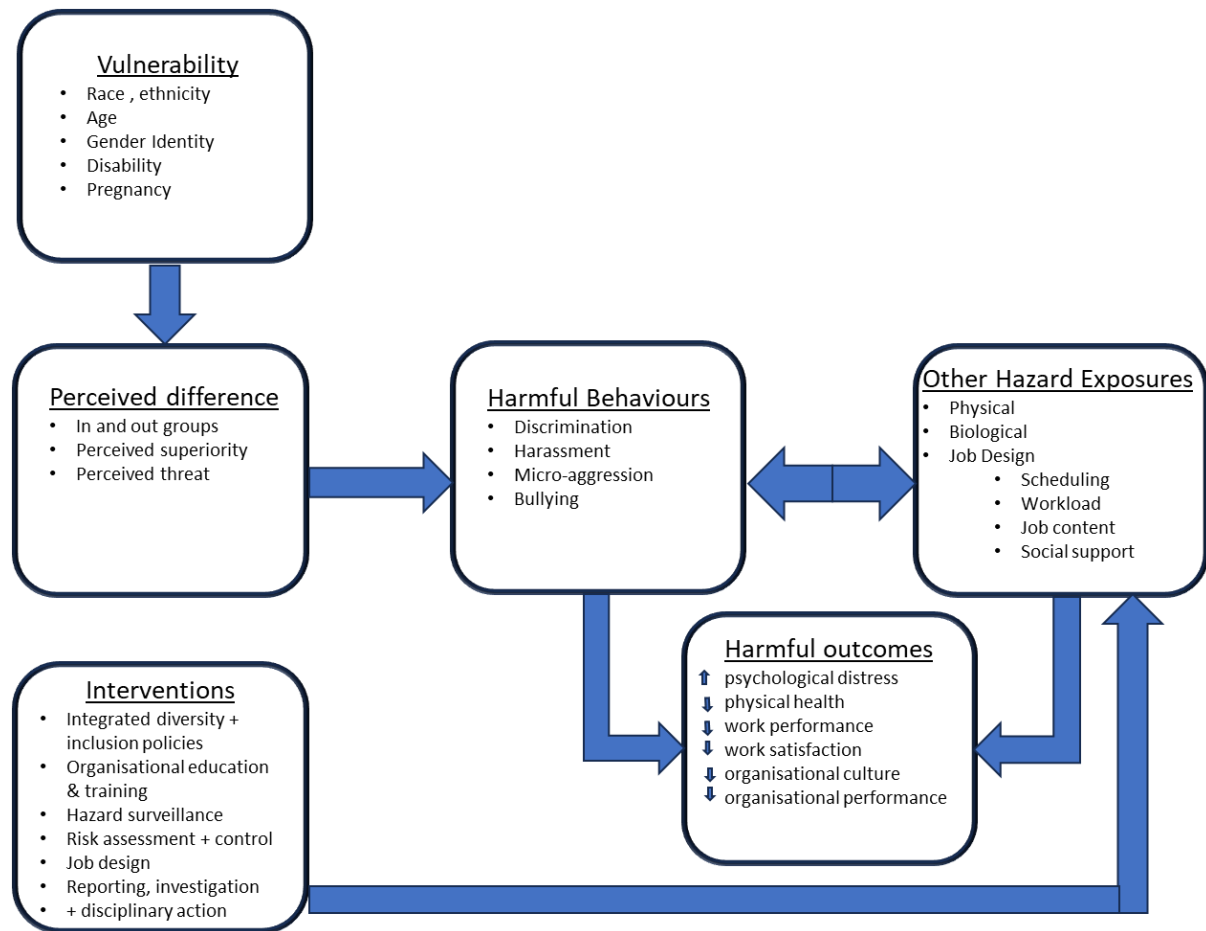


education and training programs, conducted regularly and focused on internal policies and procedures, supported by practical illustrative examples (e.g., Somani et al., 2021). Such training should build on norms of respect and be evaluated and reviewed regularly to ensure ongoing effectiveness (Labelle-Deraspe & Mathieu, 2024a).

Researchers also call for the more widespread adoption of specific regulations under WHS and/or equality and discrimination legislation to provide a standard of workplace safety that can be enforced (e.g., Bergbom & Vartia, 2021; Rhead et al., 2021). Legislation typically requires specific policies and procedures to be developed in workplaces (with workforce participation) that support tailored strategies for addressing manager, co-worker and third party aggression (Becton et al., 2017; Bergbom & Vartia, 2021). Policies should be rolled out in targeted education programs that promote organisational norms (Becton et al., 2017) and reinforced through ongoing induction and training. Reporting procedures are key to an effective policy and must provide protections to address fears of job loss and reprisals for reporting (Afsharian et al., 2021). For workers to feel confident, investigations into complaints should be thorough, independent and preserve the privacy of the complainant and the accused party, and have corrective and disciplinary outcomes for initiators (Becton et al., 2017). Promoting a decent working environment and conditions, and ensuring safe work design (e.g., Bergbom & Vartia, 2021) were less frequently reported, though remain the most effective of controls for addressing both physical and psychological hazards (Blackstock et al., 2018; Li et al., 2023).

A comprehensive approach to hazard identification, assessment and risk control also includes workplace surveillance and follow-up action to monitor, review and improve control measures (Safe Work Australia, 2023b Part 3.1, Section 38). Methods may include surveying the workforce periodically using culture surveys, or specific psychosocial hazard-based tools (e.g. People at Work developed by Queensland Office of Industrial Relations, 2024), reviewing workplace statistics on absenteeism, turnover (Sguera et al., 2016), and psychosocial hazard contributions (e.g. fatigue, time pressure, abuse) to incidents (Bentley et al., 2021). Industry-based data can also be used to pinpoint potential hazards in the workplace supporting a proactive and broad-based response, enabling translation of learning from the experience of similar workplaces (Frimpong et al., 2022). A model proposing how various hazards interact with vulnerabilities to increase the risk of harmful behaviours is presented in Figure 9.

Figure 9: Proposed model of hazard interactions in vulnerable workers



3.2.2 Identifying and assessing harmful behaviours

Strategies that may assist line managers and human resources professionals to identify, assess and develop controls for harmful behaviours include using frameworks to better understand the dynamics of negative interactions, and strengthening prevention practices – these can have an organisational or hazard focus.

The *Psychosocial Safety Climate* (PSC) framework represents the part of the organisational environment that lays the foundations for worker psychological health (Afsharian et al., 2021). PSC includes management commitment to preventing stress, prioritising worker psychological health over production goals, effective organisational communication, systems for psychosocial hazard surveillance, and workforce participation; which collectively represent a climate to prevent mistreatment (Loh & Dollard, 2024). PSC is considered an upstream indicator of risk for harmful behaviours (Bentley et al., 2021) and can be easily measured in the workplace using a short survey. PSC is an effective measure for predicting bullying and psychological health problems, because low PSC represents a global measure of the “cause of the causes” of psychosocial risks at work (Dollard et al., 2017 p. 852). Implementing policies, procedures and strategies to improve communication and working conditions (i.e. improving PSC) acts to reduce harmful behaviours through direct intervention, reducing stressors and managing conflict. PSC is one simple tool that will allow organisations to regularly measure their risk of psychological harm through identifying points for further assessment and intervention.



The *Violations, Intensity, Duration and Intent* (VIDI) framework (Smith & Griffiths, 2022 p. 283) identifies the type of violation (e.g. of identity, or expectations of fairness or respect), describes the intensity (high or low), duration (chronic or acute), and intent (specific motivators for, or desired outcomes from the behaviour). Understanding the dynamics of behaviour can guide targeted messaging, policy, training and support in responding to harmful behaviours and shape interventions. Discriminatory behaviours are more likely to emphasise personal characteristics in minority group members, while majority group members are more likely to be harassed about job performance factors (Bergbom & Vartia, 2021). Similarly, identifying and addressing the different tactics used by initiators can help inform interventions. Examining the dynamics of harmful behaviours through interactions between people at the workplace can identify entry points targeting sources of disagreement or conflict and assist in resolving issues at their source.

3.2.3 Interventions targeting specific vulnerabilities

Interventions intended to protect vulnerable groups are largely based on the principles established in organisational interventions (see Section **Error! Reference source not found.**), since effectiveness requires developing an organisational culture of inclusion, diversity and safety.

Most importantly, interventions supporting vulnerable workers must be designed considering the intersections and interactions of vulnerable identities (i.e., disability, gender-diversity, race, ethnic or indigenous status, age, pregnancy) (Jones et al., 2018), noting multiple vulnerable identities compound the risk of mistreatment. This ‘multi-vulnerability’ risk is particularly significant within organisations operating internationally and involving multiple national cultures (Bergbom & Vartia, 2021).

An inclusive policy provides the foundation for implementing effective procedures, practices and interventions. WHS legislation requires policy be developed in consultation with worker representatives (Safe Work Australia, 2023a Part 5, Division 2). The most successful and effective organisational diversity and inclusion policies occur when they are co-designed with individuals or groups they relate to (Rhead et al., 2021). In enacting policies to address discrimination and harassment, education should include implicit bias training, the importance of cultural safety, the use of practical examples, analysis and discussion to draw out and question deeply held assumptions (Hebl et al., 2020). Such training should be tailored to the organisation as identified by training needs analysis and be evaluated using measurable outcomes.

Other frequently identified strategies include the use of allies, or contact officers for equal opportunity, who are trained and encouraged to advocate, advise, speak up for, and provide support to vulnerable workers (Rhead et al., 2021; Ruggs et al., 2015; Sue et al., 2019). Teaching workers defusing and deflecting strategies for responding to harmful behaviours as they arise may assist allies and targets to minimise escalation and harmful outcomes (Sue et al., 2019). These small behavioural responses involve strategies to reveal the initiator’s thinking by “making the invisible visible” (Sue et al., 2019 p. 135), for example stating “yes I was born here” when complimented for having a high standard of English. These responses aim to challenge the thinking, set limits, and educate the initiator by differentiating between intent and impact, and appeal to values and principles (Sue et al., 2019)¹.

Consistent with effective organisational interventions, specific attention should be paid to risks that are heightened for some groups of vulnerable workers. It is essential that physical hazards,

¹ This paper provides a range of examples and scenarios for how micro-interventions can be used in the workplace, summarised in Table 1, page 137. Accessible at (https://socialwork.wayne.edu/events/2_-_sue_et_al_-_2019_disarming_racial_microaggressions.pdf)

workload and job design are managed by identifying specific hazards, assessing risks, and implementing controls tailored to individual need (Frimpong et al., 2022; Sinclair et al., 2024). For vulnerable workers it is critical that appropriate information, ergonomic equipment, personal protective equipment, and work schedules are available to minimise potential risk of injury or ill-health. Further interventions addressing specific types of vulnerable workers are summarised in Table 7.

Table 7: Targeted interventions addressing specific vulnerable worker cohorts

Vulnerable group	Key interventions	Authors
Disability	<p>Target interventions to key age points for when disability is likely to increase e.g. at ages 45 – 60+</p> <p>Interventions must target the interaction of disability with age, race, ethnicity</p> <p>Address physical hazards, scheduling, and job design improvements (including reasonable accommodations). A higher duty of care is involved due to the risk from vulnerability of individual workers in minority groups</p> <p>Develop individual response plans addressing individual workers' disabilities for identifying actions for early intervention of deterioration, first aid and emergencies.</p> <p>Greater need for public awareness, standards, and monitoring of compliance and enforcement</p>	Jones et al. (2018)
Age – older workers	<p>Diversity & inclusion training that includes de-biasing prompts for use in daily work, also in recruitment & promotion processes and performance reviews</p> <p>Target training at different age groups and settings e.g. young < 35 and older because younger adults report higher age-related negative attitudes.</p> <p>Diversity and inclusion training and policies need to include explicit information on age discriminatory behaviours to raise awareness.</p>	Sinclair et al. (2024)
Age – younger workers	<p>Address physical hazards and suitable amenities in the workplace particularly in hazardous work environments like construction, healthcare.</p> <p>Address psychosocial hazards through effective work design (e.g. job content, long work hours, time pressure, physical, cognitive and environmental demands)</p> <p>Higher levels of supervision and mentoring required</p>	Frimpong et al. (2022)
Race & ethnicity	<p>Diversity training that includes awareness of implicit bias, evidence-based content, measured effectiveness, organisation-focus, uses scenarios, TNA based, avoids perception that dominant group loses</p> <p>Training on interpersonal interactions based on goal setting, giving feedback, perspective-taking</p> <p>Inclusive norms and policies e.g. structured job interviews, explicit in policies on negotiation, promotion, flexible work practices and performance review</p> <p>Develop language policies to avoid linguistic exclusion</p> <p>Identify and manage potential ethnic minority inter-group tensions</p> <p>Adopt a multicultural and inclusive approach emphasising that diversity is celebrated, difference is embraced, and inclusion is the focus</p>	<p>Hebl et al. (2020)</p> <p>Bergbom and Vartia (2021)</p> <p>Jones et al. (2016)</p>



Vulnerable group	Key interventions	Authors
Indigenous Australians	<p>Conducting organisational diversity audits to identify baseline levels and gaps using cultural competencies that address organisational profile, diversity strategic planning and resource allocation, communication processes, human resources management processes and data collection & monitoring.</p> <p>Public transparency of data on diversity and inclusion practices and achievements</p> <p>Creating cultural safety and improved cultural competencies across the organisation through training for all staff, and structural changes that confront cultural dominance, take a holistic view of people, raise awareness of cumulative impacts of discrimination, build relationships & trust by co-designing interventions.</p> <p>Minimise cultural load on indigenous workers</p> <p>Identify a cultural safety framework or toolkit relevant to the organisation and commit to implementation</p> <p>Establishing accountability structures for managers and committees, including for allocating resources to implementation & monitoring progress of interventions (including recruitment, diversity, equity and work health and safety policies, procedures and practices</p> <p>Human resources interventions on the design of work through managing workloads, providing flexible working arrangements to enable attention to cultural business and community engagement, critical given connection to spirituality, culture, ancestry and family and community.</p> <p>Diversity champions and change agents to promote cultural change and support for indigenous workers.</p>	<p>Trenerry et al. (2024)</p> <p>Cox and Best (2022)</p> <p>Lai et al. (2018)</p> <p>Roche et al. (2013)</p> <p>Sivertsen et al. (2023)</p> <p>South Australian Public Sector (Undated)</p>
Gender diversity	<p>Promote support from co-workers – lower support predicts higher reported discrimination</p> <p>Incorporate diversity and inclusion into training and recruitment processes – ensure reference checking and screening to identify organisational ‘fit’, ask applicants how they can contribute to the diversity and inclusion culture and seek examples, use situational scenarios in recruitment, selection, and training to raise awareness</p> <p>Ensure employee assistance programs provide practical strategies for responding to discrimination & incivility, not only counselling to reduce psychological distress</p>	<p>Ruggs et al. (2015)</p> <p>Zurbrügg and Miner (2016)</p>

Authors investigating vulnerable workers’ experiences of harmful behaviours recommend further improvements to existing organisational interventions to minimise risk. These include:

- Broadening investigations from a reliance on complaints by using a wider range of informative data to identify risks for harmful behaviours. Sources may include regular working conditions and culture surveys, analysis of contributing factors in hazard and incident reports, industry data, and employee assistance program data (Jones et al., 2018).
- Enforcing and regularly reviewing that mandated diversity and inclusion policies are co-designed, integrated into organisational practice, and include structural design and integration of staff support, complaints management and leadership training (Rhead et al., 2021).
- Ensuring the organisation commits to a suite of integrated rather than discrete initiatives that include developing effective measurement tools for evaluating initiatives, where measures inform tailored design (Sinclair et al., 2024).

Effective strategies to prevent risk to vulnerable workers are summarised in Figure 10.

Figure 10: Key messages for minimising risks to vulnerable workers

Key messages: Effective strategies for minimising risks to vulnerable workers

- Vulnerable workers are sensitive or over-exposed to health and safety risks compared to the general workforce, e.g., workers who are younger, older, ethnic & racially diverse, pregnant, gender-diverse, living with disability
- Having multiple vulnerable identities increases a worker's risk of exposure to hazards, particularly a range of harmful behaviours
- Subtle harmful behaviours (e.g., incivility) involve chronic exposures and are as harmful as overt harmful behaviours (e.g., discrimination and bullying)
- Early intervention on subtle harmful behaviours is most effective for minimising escalation, and should include training on implicit bias and cultural safety
- Organisational interventions are most effective for building norms of respect and a culture of safety, they are:
 - built on integrated policy, procedures & programs for diversity and inclusion and supported by measurable goals and outcomes
 - based on analysis of need, tailored, and use practical scenario-based training
 - co-designed with participation of vulnerable workers
 - confidential, independent and trustworthy in the reporting, investigation and disciplinary processes for harmful behaviours
 - informed by hazard surveillance and monitoring of working conditions
 - proactive, based on effective risk assessment & control addressing physical and psychosocial hazards, and job design



4 Summary and implications

This literature review on harmful workplace behaviours has highlighted the gap between evidence reported in the literature and the interventions typically applied in workplace practice. This gap reflects the pressing need for the research community to better share information in formats that make it transferrable and practically-oriented to assist workplaces with prevention (Li et al., 2023). The implications relate to work health and safety policy, practice, and research.

Policy implication 1:

Managing the risk of harmful workplace behaviours requires multi-component interventions co-designed with people affected by the work and supported by senior managers and supervisors. Controls must prioritise organisational and work design sources of risk. Individual and behavioural factors are important sources of risk that must also be targeted because behaviours arise from motivations and attitudes, but the primary source of risk lies in organisational factors, including leadership, and work design. Policy approaches should emphasise workplace adoption of co-designed multi-component strategies addressing organisational & leadership sources, work design and organisation, physical hazards, and individual factors (which may be similar across work groups).

Policy implication 2:

Harmful behaviours are revealed through social interactions and are underpinned by motivations, attitudes and perceptions. Although more challenging for workplaces to apply practical solutions, behavioural interventions must have a role in tackling harmful behaviours. Practical interventions applying a behavioural focus should include diversity and inclusion training based on implicit bias, perspective taking, cultural safety and problem-solving for all workers and be tailored to workplace context, including leadership training for managers and supervisors.

Policy implication 3:

There is a need to raise awareness within workplaces of the destructive nature and early warning sign provided by incivility. Dealing with incivility is needed to prevent escalation into a range of more severe harmful behaviours including bullying, harassment and discrimination. Incivility is also likely to spread throughout a workplace via witnesses, resulting in erosion of social norms and deteriorating organisational culture.

Practice implication 1:

Hazards are interactive in nature and combine from all sources to accumulate risk of harmful health, wellbeing and performance outcomes. Attention must be given to identifying and assessing hazards including individual characteristics (e.g. multiple vulnerabilities), physical hazards, work design and organisation, and organisational culture, leadership and design to identify comprehensive controls that combined, will reduce the total risk level.

Practice implication 2:

Interventions that target the prevention of harmful behaviours i.e. (before exposure) are most effective. Interventions that aim to reduce the intensity and development of harmful behaviours (i.e. during exposure) are valuable to contain the effect of harmful behaviours. Designing interventions to target prevention and during exposure will be most effective in reducing harm. While outside the scope of this review, interventions that provide support to targeted workers or witnesses are valuable in reducing the severity of harm and aiding recovery. Supportive interventions such as mental health first aid, counselling or peer support should be included as part of a comprehensive workplace response to harmful behaviours.

Research implication 1:

More field-based, practically-oriented research focused on the effective design of organisational structures is required to inform workplaces on how business models, work arrangements and workplace operations impact worker psychological and physical health and safety. The research community must make more effort to translate research to practice through plain language practical research outputs that are widely disseminated via industry and WHS policy bodies.

Research implication 2:

Incentives should be provided to encourage the research community to collaborate on field-based intervention research to develop a repository of evidence for the effectiveness of integrated multi-level interventions across a variety of industry segments. There is a need for scalable and longitudinal projects to provide evidence on the value proposition for business in investing in the prevention of psychosocial hazards. Pooling jurisdictional resources may be a strategy to assist this outcome.

This review aimed to respond to the following four research questions:

1. How can PCBUs most effectively prevent and manage risks from a range of harmful behaviours arising during the conduct of work?
2. What is the current evidence for the effectiveness of interventions in reducing the risk of psychological and physical harm arising from a range of harmful behaviours in workplace settings?
3. What is the current evidence for the effect on risk resulting from the interactions between a range of harmful behaviours and workplace contexts (e.g. work arrangements, impact of technology)?
4. What strategies are most effective for minimising risks to vulnerable workers?

The key findings are now summarised, responding to each question.

4.1 PCBUs effective prevention and management of risks of harmful behaviours

PCBUs must apply the WHS laws to identify, assess and control hazards that contribute to harmful behaviours, and must do so with due diligence. This means taking reasonable steps to maintain current knowledge of the hazards and risks affecting their business operations and manage them in a timely way. The WHS Regulations (Safe Work Australia, 2023b Section 55) and Code of Practice (Safe Work Australia, 2022) provide specific guidance on features of the work environment that must be considered in



identifying and assessing hazards and selecting appropriate interventions to control the risks. The most effective interventions are multi-component and target different sources of hazards arising from organisational structures, leadership and culture, work design and organisation, physical hazards and individual characteristics.

4.1.1 People as sources of workplace hazards

Section 2.1 describes the different workplace participants who can be initiators of harmful behaviours and considers the hazards contributing to their behaviours.

Leaders are responsible for creating a positive and supportive working relationship with their workers due to their power differential and role in establishing working conditions to achieve organisational goals. Given this, leaders are an upstream source of hazards and a key target for control at source. Research evidence shows that authoritarian, abusive and laissez-faire styles of management are damaging and create pre-conditions for harmful behaviours. PCBUs should provide leaders with training, coaching and supervision to develop skills in creating safe and supportive environments for workers while balancing this with productivity to achieve business goals. Managers and supervisors must also be held accountable for their performance in protecting the health and safety of their workers, which also has benefits for productivity and business performance (see Section 2.1.1).

Workers display harmful behaviours in two ways – through peer-to-peer behaviours or from worker to supervisor. Harmful behaviours by workers are often in response to abusive supervision, perceptions of organisational injustice, downsizing, or resentment about their access to workplace opportunities. Harmful behaviours directed at a supervisor are often due to undermining of the supervisor's competency by their superiors, leading to a lack of respect by their team members. Senior managers must support their subordinate managers to deal with uncivil behaviours in their staff, and to address psychosocial hazards from work processes and content. Priority controls include job and work redesign, training for staff and managers, supervision of team members to promote a culture of respect, and policy that is values-based and enforced (see Section 2.1.2).

Third parties are people generally external to the workplace, often consumers of a service provided by the business, or opportunistic individuals motivated by gain or revenge. Key interventions for third parties include conducting risk assessments of the workplace design, and where possible the potential third parties initiating harmful behaviours (e.g. consumers). Physical design of the workplace is an important control measure that can limit interactions between third parties and workers, that also has benefits for creating a more calming and pleasant atmosphere for consumers, particularly in healthcare or hospitality settings. Business process improvement is also an important strategy that reduces consumer frustration (e.g. by reducing wait times, knowing where to locate products, improving wayfinding, or understanding the workflow). De-escalation training is also valuable for intervening to minimise an evolving event, and can be supported by video surveillance for monitoring the work environment and deterring harmful behaviours (see Section 2.1.3).

Witnesses may be workers in a workplace, consumers, or members of the public and can experience indirect harm by witnessing the distress of another who is being targeted. Incivility can escalate between two parties through increasing exposure to low intensity exchanges of rudeness and lead to bullying. Evidence shows that incivility also spreads through an organisation when witnesses experience the erosion of workplace norms and respect, creating a negative workplace culture. Incivility is an early warning sign of increasing risk of harmful behaviours and managers must intervene early to control it at source. Key priorities for intervention include swift management action to counsel workers involved, identifying and

assessing organisational and work design hazards contributing to the conflict, and modelling values that should be included in policy promoting respectful behaviours. Bystander intervention training (see Section 2.4.3) may also be useful in an organisation to provide social support, and to practically uphold business commitment to promoting a respectful workplace environment (see Section 2.1.5).

4.1.2 Organisational culture and design as sources of workplace hazards

Organisational structures, including business models, hierarchical structures, and policies and procedures are designed, developed and implemented by the senior management of an organisation. The way in which leaders and the downstream managers lead and shape the culture and design of work lays the foundations for how the workforce undertake their work and how they are exposed to hazards in doing so (Tuckey et al., 2022). Leaders play a central role in designing how the organisation operates, which directly influences the work design through task content, autonomy, scheduling, and resource allocation. Leaders also define the quality of the culture and social interactions through the example they set. Hazard identification and risk assessment must include examining sources of risk from business operations (strategy, financing, human resources, technology and equipment and work processes) and their impact on the design of work (e.g. scheduling, autonomy, job content, resource allocation). Effective hazard control requires evaluating work processes to ensure they are fit for purpose, and operate with effectiveness and efficiency. A positive workplace culture built on values of respect, equity and inclusion is required to eliminate or minimise harmful behaviours. Priority control measures include respectful behaviours policies and procedures co-designed with the workforce and modelled and enforced by management. These policies must be supported by training across the organisation that focuses on understanding respectful behaviours and job and task specific training to ensure adequate job skills and knowledge. Human resources management practices are also important mechanisms for incorporating respectful behaviours into selection, recruitment, induction, training and performance management procedures. These strategies promote equity and inclusion, and ensure workers and leaders are selected for 'best fit'.

4.2 Effectiveness of interventions

The most effective interventions include multiple components that target hazards from different sources, including organisational design and culture, work organisation and design, physical hazards and individual characteristics. Workplace hazard exposure is a dynamic process influenced by the changing nature of the work context through technology adoption, product or service demand, organisational restructuring and change management. Management of hazards is an ongoing process that requires regular review and maintenance to ensure control measures continue to be effective and work as intended.

The most common interventions are policies and procedures, and training, with less attention paid to the more effective strategies of managing culture, leadership performance, and work design that are needed to prevent harmful behaviours. Evidence shows that training in communication and de-escalation techniques can be useful in maintaining respectful behaviours and limiting harm during an incident, and are valuable in dealing with third party conflicts.

Co-designed interventions are shown to be most effective because they draw on the knowledge and experience of the people involved in the work, and gain their trust and engagement, promoting success. Multi-component interventions should include:

- A foundation in policy and procedures supporting a respectful workplace culture
- Leadership training, coaching, performance monitoring, management and accountability



- Training for workers in policy and procedures, communication skills and job tasks
- Regular hazard surveillance through audits, inspections, worker surveys and worker consultations via team meetings or individual performance reviews
- Work design and work environment focused controls, including attention to scheduling, workloads, job content, autonomy, social support, maintenance of equipment and monitoring adequacy of resources.
- Improvements to workplace layout and design
- Identification and control of physical hazards (biological, chemical, noise, manual tasks)
- Collection of data on production and service outcomes, worker absence, hazard reporting, and industry data to guide selection of measures to evaluate workplace progress in managing harmful behaviours, and
- integrated human resources procedures for selection, recruitment, induction, training, performance review and management that focus on selection of people with the right organisational 'fit' e.g. pre-employment screening and scenario-based interviewing.

4.3 Current evidence for risk outcomes of interactions between harmful behaviours and workplace contexts

Hazards that precede harmful behaviours may involve individual characteristics, including personality factors or mental illness, belonging to a vulnerable or minority group, and motivations and attitudes based on life experience. These characteristics affect an individual's ability to cope with the demands of life and work. A helpful way of understanding coping ability is to consider the sum of demands placed on an individual and the adequacy of the resources to help them perform effectively. Where there is mismatch, people become stressed and more likely to engage in harmful behaviours.

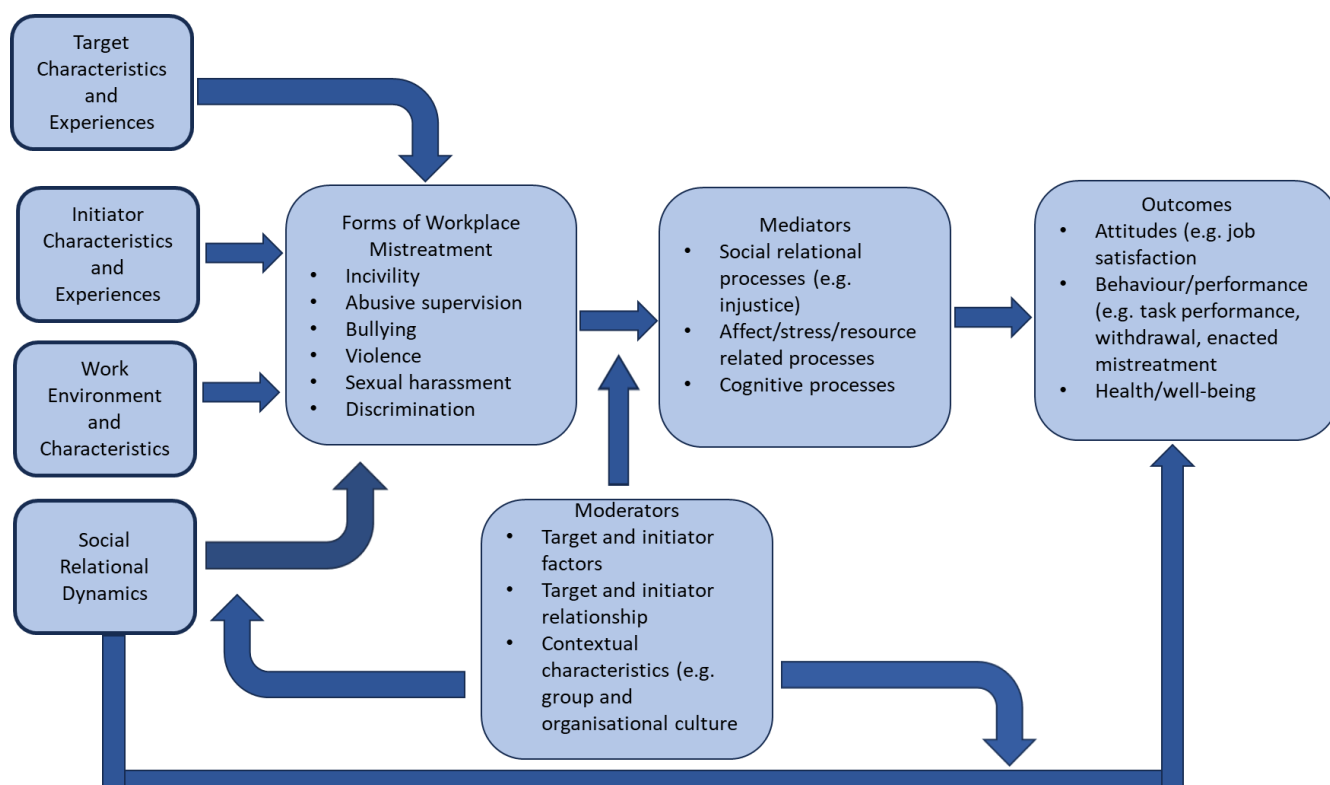
Hazards that interact with individual factors include:

- Deficiencies in work design (high workloads, low social support, low task variety, low autonomy, low role clarity and organisational inefficiency)
- Leadership that has a high task and low relationship orientation
- Changes in workplace structure, downsizing, change management, introduction of technology

The risk of harmful behaviours and other physical and psychological harm increase with concurrent exposures to hazards because the burden of multiple exposures accumulates, eroding ability to cope. The multiple sources of risk must be targeted concurrently, and multi-component interventions are most successful in doing so.

Specific harmful behaviours may also interact, for example there is clear evidence supporting that incivility may escalate to bullying, harassment and discrimination. It is important for managers to intervene early and prevent the escalation process of incivility, which may also spread through the organisation via witnesses. While there are differences between harmful behaviours, workplaces should treat them collectively, starting at incivility as the lowest intensity behaviour. A proposed process for the development of harmful workplace behaviours is described in Figure 11 where moderators enhance or reduce the effect on harmful outcomes, while mediators provide a pathway to the harmful behaviour through a specific type of hazard.

Figure 11: Conceptual model of development of harmful workplace behaviours



Adapted from Yang et al. (2024 p. 269).

4.4 Strategies most effective for minimising the risks to vulnerable workers

Belonging to multiple vulnerability groups or identities (indigenous, migrant, ethnic, race, disability, pregnancy, age) increases the risk of exposure to harmful workplace behaviours, with the more identities held by an individual increasing the risk. Multi-component interventions must be designed considering the intersections between these identities as specific forms of individual characteristics. The foundation of these interventions is policy that is built on diversity and inclusion principles, that treats all people with respect and promotes a culture of safety. The policies must be supported with education across the organisation that is co-designed, informed by a training needs analysis, includes implicit bias training, is scenario-based and encourages practice and skill building. While co-design is a key factor to successful interventions, managers must be mindful of either knowingly or unknowingly imposing 'cultural load' on specific groups (e.g. indigenous, migrant workers) by expecting them to represent their culture through providing extensive knowledge and information. Diversity and inclusion programs, like other organisational programs must be adequately resourced to achieve their aims. Specific attention must also be given to identifying and managing work design and physical hazard exposures (including ergonomics), and tailor these to individual need. Specific needs should be addressed by the provision of reasonable accommodations and supported by tailored responses for emergency situations involving different vulnerabilities (e.g. disability, age, pregnancy, language ability, health status) so far as is reasonably practicable.



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Appendix A: Database search method

Identifying relevant studies

Three databases were searched: PsycINFO (behavioural and social sciences), Web of Science, and SCOPUS (general scientific and scholarly publications). The research team deemed these databases to be most relevant to the review objectives.

Keywords for the review were generated using the PICO model, i.e. each paper was required to feature at least one keyword from the following three categories: population (i.e., harmful behaviours, e.g., incivility, bullying, harassment, violence), intervention (e.g., programs, methods, strategies, and interventions with empirical data designed to reduce or prevent harmful workplace behaviours), and context (in workplace and organisational settings).

The included search terms are listed in Table 8.

Table 8: Example search terms for literature review

Population	Interest	Context
Harmful behav*	Intervention	Workplace
Workplace bully*	Management	PCBU
Workplace harass*	Strategy	Organi?ation*
sexual harass*	evidence	Business*
incivility	guidance	Work
Violence*	Best-practice	Factor*
discrimination	Prevention	Office
Rude*		Bureau
Racial harass*		Worker*
antisocial behavio?r		Employee*
Victimi?ation		Employer*
Psychosocial hazard*		
Psychosocial risk*		

* finds words that commence with the index letters (i.e. behav* will find behaviour, behaving, behaved; ? functions as a wildcard (ie Organi?ation will find organisation and organization)).

Inclusion and exclusion criteria

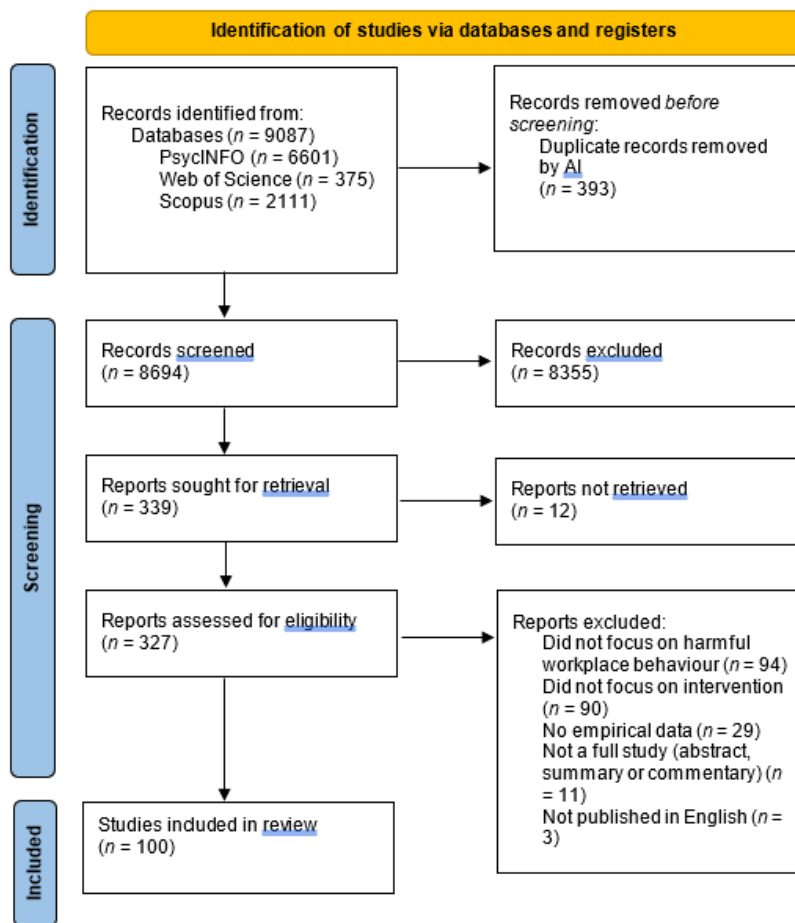
Academic literature was limited to peer-reviewed academic journal articles, books or full conference proceedings published in the English language during or after 2019.

Study selection

A total of 9,087 papers were identified via the three database searches (see Figure 12). Once duplicates were removed ($n = 376$), the title and abstract of 8,711 papers were manually screened for suitability using Covidence (an online data management system for academic reviews). Over 96% of the studies ($n = 8355$) were excluded at the title abstract screening stage, primarily as they did not provide data on the evaluation of an intervention to stem harmful workplace behaviour. The full-text version of the remaining papers ($n = 339$) was obtained and uploaded into Covidence before being screened by one author (AN). A further 70% of papers were removed at the full-text screening stage as they did not meet one or more inclusion criteria: i.e. did not discuss or evaluate an intervention or program to prevent harmful workplace behaviour, did not focus on harmful workplace behaviour, did not have empirical data, or were not published in English. This left 100 papers for data extraction.



Figure 12: Flow diagram for systematic review searches of databases



Adapted from Page et al. (2021)

Charting the data

All 100 papers were uploaded to the Scholarcy platform and analysed using their AI review system. For each paper, a key set of study highlights, an overall study summary and a summary of each of the four main sections of the paper (i.e., introduction, method, results, discussion). The Scholarcy platform provides an efficient method for data charting, appropriate for narrative and descriptive reviews.

Collating, summarising, and reporting the results

The lead author (VOK) reviewed the 100 summaries provided by Scholarcy and manually identified key themes from the academic literature and reduced this to 41 papers for inclusion by reviewing them to ensure representation across industry types and contexts. This was necessary due to the over-representation of papers from healthcare settings, and an over-representation of focus on violence.

Grey literature is generally not peer-reviewed and is found outside academic databases. Grey literature was searched using the Google search engine using the same search terms and limiting sites to .gov, .org or .edu, but was not a systematic or extensive search given the focus of the review on evidence for harmful behaviours interactions and interventions to inform practice.

The included references were supplemented by identifying valuable papers from reference lists of papers found during the systematic search, and where separate searches via Google Scholar were useful to find evidence to support specific control strategies identified in grey literature.



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