advice

TACKLING HARASSMENT

Harassment in the workplace can lead to a hostile working environment. **Peter Fyne** discusses ways of tackling harassment within the dental practice. arassment can take many forms within the dental practice environment. Behaviour that amounts to harassment is that which is unwanted, unreasonable, offensive and often

discriminatory. It creates a climate of fear, demoralisation, humiliation and causes a hostile and ineffective working situation.

Harassment can occur in or outside the workplace. It can be inflicted verbally, in writing, physically or exclusion from work, either with a single serious incident or repeated events.

Members of the dental team should not be subjected to harassment or discrimination at any point during their lives. Employers have a legal and ethical responsibility to ensure that discrimination does not take place in the workplace and to clearly demonstrate that discrimination and harassment will not be tolerated. This can be done by providing comprehensive equal opportunity and antidiscrimination practice policies.

The Human Rights Act 1998 states that it is unlawful for public authorities to act in a way which is incompatible with the European Convention on Human Rights. These rights include:

- Not to be subjected to inhuman or degrading treatment
- security of the person
- respect for private and family life, home and correspondence
- a fair trial
- freedom of thought, conscience and religion
- to receive and impart information and ideas
- to marry and start a family
- to education

to peaceful enjoyment of possessions

The dental team working within the hospital and community services are already covered by the Act as they work for public authorities, however, the BDA believes that the dental team in general practice are also covered by the Act. In any case, Employment Tribunals have to take the Human Rights Act into account when they are deciding any complaint that is brought before them.

The Race Relations Act 1976, Disability Discrimination Act 1995 and The Employment Equality (Religion or Belief)

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Regulations 2003 and Employment Equality (Sexual Orientation) Regulations 2003, outlaw discrimination and harassment on race, disability, religion or belief and sexual orientation. The Sex Discrimination Act 1975 outlaws discrimination on grounds of sex, including marital status and pregnancy.

An employee who can establish that they have been discriminated against or harassed under any of this legislation is likely to be awarded a significant amount of compensation by an Employment Tribunal. In addition, if a practice faces a complaint of harassment or discrimination it can be badly affected by damaging publicity resulting from the case. A dentist who is found liable of harassing a member of staff or a fellow worker is likely to face action by the General Dental Council Conduct Committee.

The Health and Safety at Work Act 1974 imposes a general duty on all employers to protect and ensure, as far as reasonably practicable, the health. Safety and welfare at work of their employees. This duty is extended to those who are not employees but are working at the premises.

As stated in the above Act the employer should take measures to protect the health of their staff. All members of the dental team

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have a right to work in an environment free from undue stress and anxiety. Harassment can lead to an increase in staff absence, reduction in motivation, feelings of being undervalued, errors, poor performance and high staff turnover.

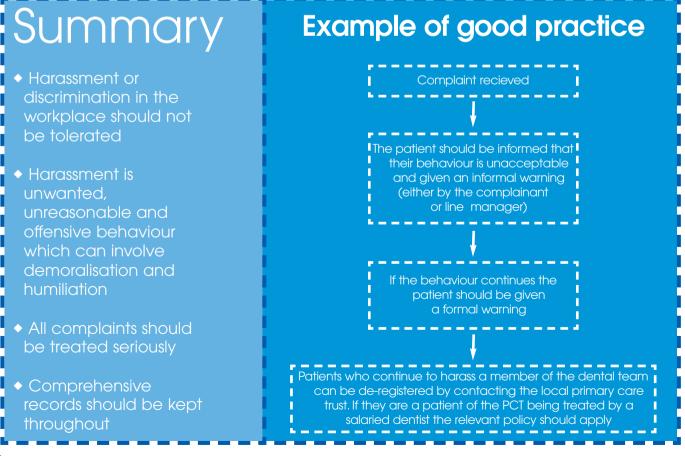
The provision and implementation of anti-discrimination policies within the practice will provide staff with the reassurance that they will be treated with respect by their employer, fellow workers and practice patients.

Research has shown that a significant number of black staff and those from other ethnic minorities have experienced racial harassment, particularly if they were in a front-line job. The most common form of harassment from patients is verbal abuse followed by the patient refusing care from a person of a different racial group. Arguably, this may be perceived as a legitimate expression of the patient's choice but this may nor always be the case.

Where a patient persistently refuses to be treated by medical and dental staff from a different race, the Department of Health has issued guidelines to be used by those trusts wishing to develop equality policies. The policy allows for the above patient to loose the right to receive treatment. The BDA recommends that general practices should consider developing similar policies, using the Department of Health guidance. They should keep in mind that the refusal to treat patients who act n a discriminatory way must be done in a way that mirrors accepted guidance and trust policy.

For further information BDA members and their teams can contact the Legal Advisory Department on 0207 563 4574

The BDA advice sheet D16: Tackling Harassment by Patients is available from the BDA Shop at www.bdashop.com This advice sheet gives comprehensive advice including Appeals, Counselling and provides a full list of contact organisations.



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