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Lean and Mean: How New Public Management facilitates the bullying of UK employees with long-term health conditions

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This empirical study explores perceptions of bullying amongst public sector workers with long-term health conditions (LTHC). Data was obtained from focus groups and interviews with union members and representatives with knowledge of LTHC. While incidents of overt discrimination occurred, most evidence was found for the social model of disability, with bullying of employees with LTHC largely attributed to intensive working practices typical of New Public Management. The implications for public sector anti-bullying and anti-discrimination policies are discussed.

Keywords: Workplace bullying; New Public Management; long-term health conditions; discrimination; social model of disability.

Introduction

As with many other countries, the UK responded to the 2008 global financial crisis with austerity measures. One of the main areas targeted for public expenditure cuts is welfare, including benefits paid to those with long-term health conditions (LTHC), which includes conditions which substantially limit physical activity, hearing or visual impairment, psychological or emotional conditions, and long-standing illness. These individuals now face rigorous assessments, a higher threshold for being declared unable to work, and a focus on

what claimants can, rather than cannot, do in the workplace. These legislative changes have been heralded as creating greater fairness in the benefits system, promoting equality, and helping those with LTHC regain self-esteem through work. Indeed, subsequent UK equality legislation strengthened protections for some groups of employees, including those with disabilities, and placed additional obligations on public sector organisations to address discrimination. The question remains whether those with disability experience differential treatment in the workplace; either open discrimination or more subtle forms of abuse. Our paper considers whether any such treatment is interpreted as workplace bullying. The authors acknowledge other constructs may provide relevant frameworks for the study, including ‘workplace violence’ (Bowie, 2002), which encompasses dysfunctional behaviour adversely affecting emotional and physical wellbeing, and ‘structural violence’ (Galtung, 1969), which expands violence to include the unequal distribution of power in social structures, such as, marginalization. These concepts are likely to provide valuable context for exploring any unfair treatment of workers with LTHC. It is the repetitiveness and endurance of negative acts which sets workplace bullying apart from similar constructs.

Within the literature on workplace bullying, some consideration has been given to the role of ethnicity and gender in the experience of being bullied (Fox and Stallworth, 2005; Lewis and Gunn, 2007; Hutchinson and Eveline, 2010; Salin, 2011). However, relatively few studies have addressed the issue of whether workers with LTHC are exposed to more negative behaviour than their colleagues, and the nature and source of any ill-treatment they might encounter. Building on the work of Fevre et al. (2013), who found disabled workers reported more mistreatment than others, our paper captures the lived experiences of workers with LTHC and their representatives who are members and officials of a large public sector trade union in Wales, UK. The study explores how this group of workers perceive bullying and how New

Public Management (NPM) may provide a fertile breeding ground for the abuse of those with impaired health.

Public sector workers who experience disability or illness may be doubly disadvantaged, being encouraged back into work through changes to the benefits system alongside an intensification of working practices. In the UK, as in other neo-liberal economies, the public sector has been required to increase efficiency by embracing private sector initiatives, often subsumed under the concept of NPM (Hood, 1991). Hoel and Beale (2006) argue the aggressive management style typical of 'new managerialism', which has largely supplanted a public service ethos, may help to explain relatively high incidences of bullying reported in the public sector. Little attention has been given to the impact of NPM upon different groups of employees. There have been suggestions that female workers may be unfairly disadvantaged by public sector reforms (Lee, 2002; Conley et al., 2011), but the repercussions for those with LTHC are largely unexplored.

Our paper explores how public sector workers with LTHC perceive the nature and source of bullying behaviour. The paper then applies theoretical frameworks which may deepen our understanding of why bullying of disabled employees can occur, the impact of NPM, and the extent to which health impairment is a consequence of being bullied or whether explanations can be found in disability discrimination or less overt forms of prejudicial treatment. Rationalisation for the latter may be found in the social model of disability, which emphasises the role of the working environment rather than the impairment (Oliver, 1983). The investigation necessitated a qualitative approach, to capture the meanings and attributions of those with experience of disability in the workplace and identify any underlying contextual factors. The findings have important implications for those concerned with anti-bullying and

anti-discrimination policy development and practice, including HR practitioners, trade union officials, and disability interest groups. Initiatives may need to reflect how bullying is experienced differently by those with impaired health. The perceived origin of bullying may be significant, as it is likely different solutions will be required for bullying which stems from overt discrimination and that which emanates from unfavourable working conditions. While the deliberate targeting of disabled workers may be addressed through training and more rigorous implementation and enforcement of anti-discrimination regulations, bullying emanating from a working environment which is not conducive to those with LTHC may only be fully addressed through altered working practices. In particular, the paper highlights the need for governments to balance the potentially conflicting demands of delivering value for money and ensuring fair treatment for employees with disabilities. The paper begins with a summary of changes to the UK benefits system and a critical review of the literatures on NPM and workplace bullying and disability.

Changes to the UK Benefits System

The last five years have seen considerable changes to disability welfare benefits by the UK government. Applicants are now required to undergo rigorous assessment and re-assessment and the threshold for being declared unable to work is increased (<https://www.gov.uk/employment-support-allowance>, no date; <https://www.gov.uk/pip>, no date). The emphasis is now on what claimants *can* do in the workplace, as encapsulated in the ‘Statement of Fitness for Work’ issued by medical practitioners. This replaces the ‘sick note’, which provided reasons for why people could not attend work (<https://www.gov.uk/government/collections/fit-note>, no date). The revised, more stringent, rules reduced benefit payments and moved considerable numbers of individuals with impaired health back into, or actively seeking, work. At the same time, there have been accusations by

disability campaigners, mental health charities and politicians (Gentleman, 2011; 2012; Ramesh, 2011) of mis-management in the assessment process, forcing unwell people to seek work and causing severe hardship to those in genuine need.

Alongside changes to the UK welfare system, the Equality Act (2010) (<https://www.gov.uk/equality-act-2010-guidance>) enshrined the right of disabled employees to have 'reasonable adjustments' made in the workplace to accommodate their health needs. This legislation also strengthened protections for disabled individuals applying for jobs by restricting circumstances in which employers could ask health questions. Furthermore, the Public Sector Equality Duty (2011) (<https://www.gov.uk/government/publications/public-sector-equality-duty>) obliged public bodies to have regard for eliminating discrimination, advancing equal opportunities and fostering diversity and publish 'relevant, proportionate' compliance information and set equality objectives. Despite legislative changes, studies indicate disabled workers experience considerable difficulty in obtaining reasonable adjustments in practice, and even encounter bullying (Foster, 2007), not least because of conflicting organisational policies and budgetary pressures (Cunningham et al., 2004). The question remains whether the combination of incentivising individuals back into work through cutting benefits, and legally obliging employers not to discriminate, have translated into an amenable working environment for those with LTHC.

NPM

Since the 1980s, successive British governments pursued an agenda of halting growth in public expenditure by introducing a market orientation into public services. The processes involved are frequently grouped together as NPM. Hood (1991) identifies seven overlapping elements of NPM, as experienced in many OECD (Organisation for Economic Co-operation and

Development) countries like the UK, Australia, and New Zealand; organisational control through managerial prerogative; performance measurement; greater emphasis on output controls; disaggregation; market competition; imitation of private sector management practices; and cost restraint. In practice, this has translated into adherence to tight budgetary controls and targets, de-layering and decentralisation, work intensification and flexible working arrangements, performance-related pay and rigorous appraisal systems, and 'neo-Taylorist' practices of autocratic leadership, micro-management, and work standardisation (Corby and White 1999). The UK government-commissioned review of public expenditure (Gershon, 2004) resulted in many administrative functions being contracted out or converted to privatised agencies. Those that remained were obliged to embrace NPM principles. Austerity measures introduced in response to the 2008 recession have created further impetus to implement rigorous NPM measures.

NPM has drawn some criticism as, despite twenty-five years of target-setting and performance management in the public sector, anticipated improvements in accountability, transparency, service quality and value for money have not materialised (Fryer et al., 2009). The OECD (2004) warns an over-concentration on performance incentives detracts attention from other key government values, including equity and the strong collective culture required to sustain public sector performance. NPM is unlikely to be a panacea for inefficiency, and some studies suggest its success depends upon obtaining staff 'buy-in' (Curristine, 2005; Williams et al., 2012). An over-emphasis on efficiency may reduce employee morale and motivation (Dibben et al., 2004), thus undermining any planned benefits from employing NPM principles.

There is an argument that the detrimental impact upon employees may disproportionately affect certain groups. Studies by Lee (2002) and Conley and Jenkins (2011) conclude public sector

reforms, such as intensive working and 'macho' appraisal systems, discriminate against women, whose responsibilities as primary carers conflict with pressures to work long hours. Hutchinson and Eveline (2010) believe a disinclination in the public sector to acknowledge a gender dimension in bullying is related to fearing support for anti-bullying programmes would diminish. Conley et al. (2011) note gender equality initiatives are often ignored, circumvented or paid lip-service by managers faced with more pressing needs to meet targets. Research is needed into whether policies ostensibly aimed at improving the working life of those with LTHC are implemented effectively.

Workplace Bullying and Disability

For many commentators, the repetitiveness and persistence of unwarranted negative acts, along with an unequal distribution of power between target and perpetrator, delineates bullying behaviour from merely assertive or inappropriate behaviour (Einarsen et al., 2011). This may include, for example, employers setting unmanageable workloads or impossible deadlines, insults and social exclusion. Workplace bullying has been found to be a global problem (Nielsen et al., 2009) and is associated with certain physical, psychological and emotional conditions (Hogh et al., 2011). However, few studies have explored the impact of personal characteristics like gender, race and disability upon the experience of bullying, beyond the extent to which they influence incidence, which has resulted in conflicting results. Salin and Hoel (2013) argue gender differences should be considered as more than demographic characteristics, which may result in under-reporting. They view bullying as a gendered issue, which conceives of gender as a social status that permeates organisational processes; structures and interactions (Keashley, 2012). This approach has revealed differences in the way men and women evaluate and respond to negative behaviour and illicit responses in others (Rodriguez-Munoz et al., 2010; Escartin et al., 2011; Salin, 2011), suggesting bullying may not be 'gender-

neutral' (Hutchinson and Eveline, 2010). Differences are also apparent in the type of negative behaviour racial minority workers are exposed to compared to others (Hoel and Cooper, 2000; Lewis and Gunn, 2007). It may be that other personal characteristics, such as possession of a LTHC, also shape the experience of being bullied.

To date, considerable attention has been given to health impairment as a consequence of bullying, but scant consideration of LTHC as a possible antecedent of negative behaviour. A report for the UK Equality and Human Rights Commission (Fevre et al., 2008) found employees with impaired health statistically more likely to report a range of negative acts compared to others. This finding was replicated in the Fair Treatment at Work Survey (Fevre et al., 2009), where disabled respondents were exposed to more ill-treatment and more than twice as likely to self-label as bullied. While line managers and supervisors were responsible for most perceived bullying co-workers also contributed (Fevre et al., 2013). These findings are based on cross-sectional surveys, raising questions about the direction of the causal link between bullying and health impairment, and highlighting a need for qualitative data which "may be better able to explore their experiences of stigma and discrimination" (Fevre et al., 2013, p304). In a rare case study of bullying and disability by Vickers (2010), a worker with multiple sclerosis who disclosed her condition to her employer appeared to trigger a range of negative behaviours, including exclusion, rudeness, removal of responsibilities and undue pressure to produce results, culminating in her exit from the organisation.

It is important to understand why bullying of workers with LTHC can occur in order to develop effective prevention and intervention strategies. Fevre et al. (2013) suggest four theoretical frameworks which may help to explain disabled workers' ill-treatment. First, ill-health may be a consequence of mistreatment, as supported by a considerable body of literature (for a

summary see Hogg et al., 2011). Alternatively, disabled workers may be more prone to negative affectivity (NA) than others. However, the authors caution that this may result from stigma and this qualitative study has not been designed to measure NA.

A third possible explanation is that bullying disabled employees is triggered by open discrimination. Social identity theory (Tajfel and Turner, 1986), whereby being different may cause other group members to perceive people as one of 'them' not one of 'us', may explain why disabled employees could be less valued and more vulnerable to 'scapegoating'. For Vickers (2010), it is employers stereotyping disabled workers as unproductive and requiring more leave and supervision than others, combined with the misuse of legitimate organisational processes, which is responsible for bullying of employees with LTHC. Alternatively, the rationale for openly discriminating against disabled people may lie in social dominance theory, which holds all societies consist of power hierarchies where one or more social groups dominate others (Sidanius and Pratto, 1990). Drawing on these theories, Cortina (2008) believes sex and race discrimination could arise out of the interactive effect of employers' bias against 'outgroup' members, implicit stereotypic attitudes and motivation to maintain social power, along with lax anti-discrimination policies and permissive cultures. Some researchers propose discrimination takes place in modern workplaces in spite of the existence of anti-discrimination laws and policies. Prejudice simply becomes more covert, and sexism or racism may emerge under the guise of general incivility or bullying (Fox and Stallworth, 2005; Cortina, 2008). The replacement of overt discrimination for more general forms of bullying may extend to other characteristics protected under equality legislation, such as, disability.

A fourth rationale for the mistreatment of disabled workers put forward by Fevre et al. (2013) focuses on the social model of disability (Oliver, 1983). In contrast to the medical view of

disability which focuses on individual functional impairment, the social model of disability directs attention towards disabling environments, attitudes and cultures and recognises the barriers to inclusion in everyday workplace practices and negative cultural representations (Barnes and Mercer, 2005). Before applying these potential theoretical explanations to the present study, our research methods are discussed.

Research Methods

This paper reports findings from a wider mixed methods study into the experience of bullying using data from members and officials of the Welsh branch of a large public sector trade union (approximately 21,400 members). The survey results are reported elsewhere. This paper focuses on findings from a series of focus groups which relate to targets with LTHC. Focus groups were chosen as the most appropriate vehicle for accessing this knowledge. It is argued that, by recreating spontaneous conversation, focus groups create a synergy that generates observations, opinions, wishes, concerns, and insights that would not emerge during one-to-one interviews (Barbour and Kitzinger, 1999). Individual interviews were offered to those who wished to share their experiences in confidence.

Seven focus groups took place; three with union members, three with union officials, and one with members of the 'Disability Forum', a special interest group set up to represent the needs of workers with LTHC. Most focus groups had at least six members, although two focus groups comprised of three participants, and one attracted just two officials. However, all sessions generated lively discussions in line with Morgan's (1998) view that small focus groups are particularly enlightening where the goal is to gather personal accounts and members are highly emotionally invested in a topic, as is often the case with workplace bullying (Einarsen et al., 2011). In addition, three one-to-one interviews were conducted, including one with an

employee with a speech impediment. At that point, 'saturation' was reached, with no new insights being generated (Krueger & Casey, 2000) and the moderator able to predict the outcome of discussions (Morgan, 1997). Participants were drawn from a range of public sector workplaces and included employees of varying grades and union officials of varying ranks to capture a broad range of perspectives. All the participants responded to a general invite sent out by a senior trade union official acting as 'gatekeeper' by inviting potential participants and compiling groups of respondents, established as a legitimate device by focus group researchers (Barbour & Kitzinger, 1999; Krueger & Casey, 2000). While some control over the composition of focus groups is relinquished, the required heterogeneity of participants is ensured and it was felt union members and officials were more likely to respond to an invitation from a familiar, authoritative source.

Focus groups and individual interviews were recorded, transcribed, content coded and thematically analysed in accordance with Charmaz (2006). This approach consisted of initial coding (nodes) of each line of text, followed by the emergence of sub-categories (child nodes) as the transcripts were read. This was a cyclical process, involving re-coding the original categories and creating new ones as transcripts were added. The initial coding was followed by focussed coding (Charmaz, 2006) to identify key themes.

Findings

Three central themes emerged from the data: 'open discrimination'; 'working environment' and 'health impairment as a consequence of bullying'.

Open Discrimination

Individuals with LTHC felt they could be left out of conversations or subjected to snide comments about, for example, time taken off work. Several participants referred to the deliberate targeting of individuals with health impairment as ‘direct’ bullying. Sometimes, it was felt such insults were intended as innocent banter, but still had the effect of causing severe embarrassment. There were, however, some examples of individuals being overtly ridiculed because of an impediment, as one employee with a stammer explains:

“I’ve always had a bit of joking about my speech, only I’ve treated that as the same as if I had ginger hair or something ...It just happens. But in-in-in my last job my line manager sat behind me and ev-ev-every time I talked he was doing this [shakes his head] ...and a few times I turned round and I caught him doing it. And I’ve heard from other members of the staff ...shaking his head hard as I-I sometimes have to do-do to get things out ...he also was-was involved in some quite horrible campaign ...to question my sexuality even though I’m happily married and have been for twelve years and-and-and had girlfriends before that.”

There is, in this testimony, some evidence of open discrimination against disabled workers. Rather than hiding discrimination under the guise of general incivility, no attempt was made to conceal prejudice, in spite of current legal protections and expected standards of behaviour. Overt discrimination may be explained by social identity theory, whereby those with LTHC are considered ‘different’ and less valued, or social dominance theory, where dominant members of the work-based social group seek to maintain power by oppressing ‘weaker’ members. The situation was only resolved when the recipient of the abuse, not his manager, was relocated to another part of the organisation, lending some support to arguments by Cortina (2008) and Vickers (2010) that overt discrimination is facilitated by weak or poorly implemented organisational policies and permissive cultures. Overt discrimination may not be

restricted to organisations which exercise NPM. However, it may be that, in ‘lean’ cultures, the focus is on driving down costs at the expense of issues of fairness and justice. More needs to be understood about the motivations and structural facilitators of open discrimination.

Working Environment

Reports of open discrimination are extremely disturbing but were not thought to be the main source of negative behaviour by the participants in this study. Instead, many believed bullying was ‘*indirect*’, with employees with LTHC unfairly treated by cost-focussed, high-intensity working environments. The term ‘*corporate bullying*’ was used repeatedly to describe ‘lean’ working practices, oppressive productivity monitoring systems, the public disclosure of performance indicators, and unachievable targets, all of which are typical features of NPM. Workers with impaired health, who could not necessarily work at the same rate as others and often needed time off for medical appointments, were thought to be unfairly affected by such work arrangements. . One member of the Disability Network explained this “*finger pointing culture*” as follows:

“I think there’s a social culture of anybody who ...doesn’t fit that little template of normality, they’re singled out and ...I haven’t had any instances of direct bullying for myself or any other disabled members of staff in my office or in the branch ...but we all have targets to meet and ...somebody either with a physical disability or with ...an unseen disability ...they can’t work as fast because of an impairment. The problem we’ve got is we go to ...our line manager to say ‘look so-and-so’s got an impairment ...can we make some adjustments here?’ They nod their heads, they go up a level or two then they hit this brick wall”

As in the above example, senior managers were sometimes held responsible for blocking legally-entitled reasonable adjustments for those with long-term physical and psychological health conditions including adjusting targets or granting special leave for medical appointments. Blocking tended to be done covertly, as one member of the Disability Network explained, *the department will never say 'No, we're not going to give them an adjustment'. But you just can't get anything done.'*

By contrast, there was a feeling amongst some focus group participants that managers tended to 'walk on eggshells' when it came to people with disabilities because they were aware of the legal requirement to make 'reasonable adjustments', while colleagues were less knowledgeable. There was a widespread belief that most indirect bullying emanated from peer pressure to meet team targets, irrespective of any individual circumstances, on which all were judged and, sometimes, financially rewarded. One disabled member working in a call centre explained how an inability to work at the same pace as colleagues, exacerbated by the public disclosure of performance indicators, could lead to resentment:

"...Bullying is going to come then from their fellow colleagues who are sick and tired of seeing their team on that board lagging ... Our immediate management know what DDA is, but ... other colleagues, able-bodied, they tend either to not want to know ... or they're just plain ignorant of... these adjustments ... 'Well, Joe is going to be off again for another operation' ... and I think that's when bullying comes out. It is from colleagues ... If you don't hit the target then your colleagues say 'but it's him ... he's the one that's keeping us down.'"

Those with unseen disabilities, who wished to keep their conditions private, were also at risk of resentment from co-workers, unaware of any reasons for lower productivity or, when granted, more favourable targets.

On one hand, these testimonies are consistent with a medical view of disability as restricting productivity. However, ultimately, employers' failure to adjust targets to meet the needs of workers with LTHC, which may be considered 'reasonable' under the Equality Act (2010) and implementation of inflexible performance and reward systems, creates a disabling environment for workers with LTHC. This lends support to the social model of disability, with its focus on workplace practices and cultures rather than individuals' lack of capability. The primacy of target-setting and performance measures, embodied in NPM, disproportionately disadvantages those with health problems and creates working environments which are so unfavourable to those with LTHC they are interpreted as bullying. Indeed, participants generally held senior managers, and, ultimately, successive governments responsible for 'corporate bullying' by introducing public sector reforms:

Health impairment as a consequence of bullying

The qualitative data revealed health impairment may be a consequence, as well as an antecedent, of workplace bullying as widely reported in the literature. Bullied employees reported a loss of self-esteem, sleeplessness, depression, and a fear of going into work. Some officials cited instances of bullied members being clinically depressed and, even more disturbingly, of attempted suicide. Corporate bullying was related to increased stress levels and sickness absence. There is a danger of a vicious circle developing, in which bullied individuals experience health problems leading to reduced work capability and/or sick absence. Targets

are then drawn into ‘capability processes’, to address under-performance, or absence management systems, which they may be ill-equipped to face, further increasing the detriment. As some union officials pointed out, capability processes are essentially subjective, and, whilst acknowledging they could be justified, could also be open to abuse and used to remove individuals from the workplace. One union official believed that, rather than encouraging bullied employees on sick leave back into work, managers were sometimes tempted to use absence monitoring as a means of achieving the headcount reductions required by expenditure cuts. In any event, the following extract from a union official illustrates how unsupportive capability procedures and draconian sickness monitoring processes can not only lead to a downward spiral, but may even constitute bullying in their own right:

“...it [sickness review] can be used as a way of bullying staff as wellJust the language that’s used is not at all supportive: ‘when are you coming back to work?’ and ‘what are you doing to help yourself?’ It’s much better when ...a [union] rep is with them ‘cause when you’re sick, if it’s anything like stress ...and a manager comes to your house, you’re not going to be able to speak in terms of answering the questions or providing ...logical answers.”

Employees could be doubly disadvantaged by the cumulative effects of dealing with a health condition and a high-pressure working environment. This may only serve to reinforce the stigma around LTHC:

“...it’s the snowball effect as well because as the people get put under more and more pressure and go off on long-term sick it just enhances the view of the other people in the team that they’re not capable.”

Absence management systems did not only harass those being monitored but also managers charged with implementing them, as the following, particularly disturbing, quote from a union official demonstrates:

“A line manager come to me in tears once because they had a member of staff who did actually have terminal cancer, and they had to do a return to work interview with this woman who they knew was basically only coming into work ...to try and take their mind off what they were suffering from. And he actually came to me in tears ‘cause he felt he was being bullied by HR into have an interview when he knew damn well why she’d been off sick. She’d been off sick because she’d been rushed off to hospital on the weekend because she’d been so ill with the cancer. And he had to say ‘please tell me why you were off sick?’ And he knew damn well why she was off sick. She was in tears. He was in tears. He came to me saying ‘why have I got to do this? Why are HR telling me to do this when they know damn well what’s wrong with this woman?’ and it’s just making it worse for her.”

As those with physical disabilities report bullying, it is likely that LTHC, at least to some extent, is as an antecedent of bullying, as physical aggression is relatively rare (Fevre et al, 2009; Hoel et al, 2001). It is possible that employees with LTHC are more prone to ‘negative affectivity’ and, more inclined to interpret negative behaviour as bullying compared to others. However, as union representatives shared similar opinions to disabled members, NA is unlikely to provide a complete explanation.

Discussion and Conclusions

The data generated by key informants was compared to four theoretical frameworks: negative affectivity; open discrimination; the social model of disability and LTHC as a consequence of

bullying. It was found that possessing a LTHC could be a consequence of bullying, but was also likely to be a trigger which could not be explained by negative affectivity alone. There were instances of open discrimination, referred to as 'direct' bullying by participants, ranging from unintentional hurt caused by insensitive banter to deliberate verbal attacks focussed on a particular impairment. Cultures which are permissive of overt disability discrimination may not be restricted to NPM workplaces, but may be allowed to flourish where the leadership remains sharply focussed on cost-control. However, most bullying was perceived as 'indirect' or 'corporate' in nature, emanating from the target-driven, high-intensity working cultures which pervade modernised public sector organisations, lending support to the social model of disability. The findings are consistent with Fevre et al. (2013) and Vickers (2010) which also highlight the role of work organisation and colleagues' attitudes in disabled workers' experience of being bullied. Participants believed managerial unwillingness to make reasonable adjustments to targets, and peer pressure exerted upon disabled employees to achieve them, was rooted in efforts to deliver greater cost efficiencies demanded by NPM. Put simply, NPM makes for hostile working environments for those with physical or psychological disabilities and long-term illness. It should be noted that the adverse effects of working under pressurised NPM systems may not be restricted to those with LTHC. The participants in this study may simply have identified particular manifestations of NPM practices which disproportionately affect disabled workers.

The failure of employers, including the UK government who should arguably set the standard for employment practices, to take into account the needs of employees with health problems potentially threatens the stated ambitions of successive UK governments to promote fair treatment and social inclusion of disabled individuals. Rather than gaining dignity through work, those with LTHC experience some overt discrimination and working practices that were

so insensitive to their needs they were perceived as bullying. Tensions remain between the twin political aims of promoting equality for disabled individuals and achieving value for money by implementing NPM practices and transferring those with LTHC from welfare into work. As Cunningham et al. (2004) and Conley et al. (2011) note, priority is frequently given to the need to deliver cost efficiency. While legislative changes purport to remove structural barriers to disabled individuals securing jobs and promotion, the adherence to rigorous performance monitoring measures, well established in private enterprise and replicated in the public sector under NPM, impedes their ability to become effective employees. This could disrupt career progression amongst workers with LTHC or result in their expulsion from workplaces and labour markets and jeopardise their entitlement to state benefits. A coherent governmental policy on disability would require steps to protect workers with impaired health from derision as well as excessive and oppressive working pressures, in favour of more flexible working arrangements which balance effective performance with coping with disabling health conditions.

While LTHC was frequently viewed as an antecedent of bullying, ill-health could also result from bullying. Commonly reported symptoms include sleeplessness and depression. As these conditions could trigger sickness absence and diminished productivity, affected workers were frequently drawn into traumatic performance and sickness monitoring processes. There are concerns that rigid adherence to such processes aggravates targets' stress and may create a downward spiral which, in the worst of scenarios, may culminate in their expulsion from the workplace and constitute bullying in its own right. Consideration should be given to halting capability and sickness monitoring procedures in cases of alleged bullying, until complaints have been thoroughly investigated.

With the recent introduction of the ‘fit note’ and an emphasis on cutting sickness absence, there is increased danger that bullied individuals will be rushed back into work before they have fully recovered from any adverse health consequences or any underlying issues have been addressed. This potentially exacerbates the harm done to targets of bullying and absolves employers of responsibility to address environmental factors which may facilitate bullying.

Limitations and future research

Whilst this study provides some valuable insights into how workers with LTHC experience workplace bullying, there are some limitations to note. Some concerns associated with focus groups had to be addressed. The risk of the discourse being dominated by those with the most strident views was minimised as far as possible by assembling a cross-section of perspectives, conducting multiple focus groups, and careful moderation.

The findings have been based on the testimonies of members and officials of one British trade union in the public sector, and may not be applicable to other public or private sector workplaces. Capturing the perceptions of other key informants with knowledge of disability issues, including Human Resource and Occupational Health professionals, and the experiences of those working in private sector organisations, may provide additional perspectives. More also needs to be understood about whether those returning after workplace injuries experience bullying. Other fruitful areas for research include quantitative investigations into any significant associations between reports of open discrimination of employees with LTHC or bullying emanating from the working environment and leadership style and NPM working practices.

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