

Today's talk...

- Background to this issue
- Extent of the problem in medicine
- The impact of bullying and undermining
- What measures can we take to tackle it



Bullying & Harassment; background

- Ingrained in the culture of medicine and science for many years
- Can affect all members of staff, irrespective of seniority
- Significant impact on an individual/team cannot be underestimated
- Not a new problem, but we are now becoming more vigilant

Bullying and harassment is completely unacceptable and has absolutely no place in pathology

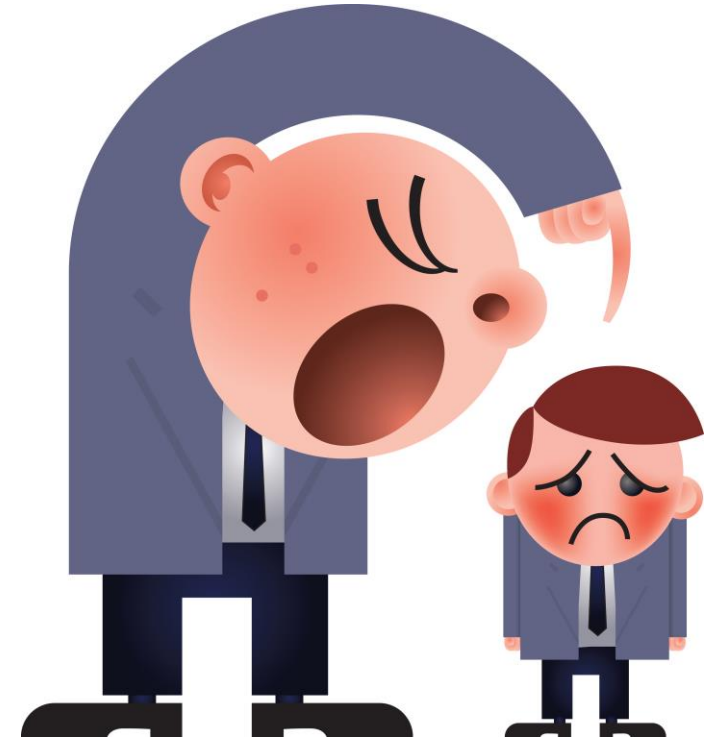
Bullying & Harassment; background

- Bullying and harassment can take many different forms
- Those affected are more likely to make mistakes
- Those affected less likely to raise concerns about patient safety
- Can result in absenteeism
- Humiliation sometimes considered an acceptable part of training

Serious consequences for mental and physical health

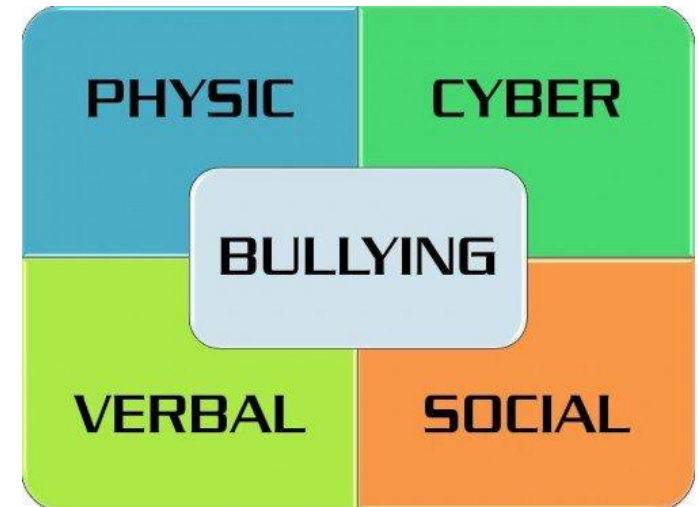
Reasons for bullying and undermining

- Current changes in the NHS
- Increased pressure on managers and staff
- Financial pressures
- Needing to achieve competitive results



What is bullying?

- Bullying and harassment can take many different forms
 - verbal, physical, written, social media etc.
- Range of different negative behaviours:
 - excessive monitoring of work, social exclusion, humiliation, persistent criticism
- Power imbalance
- Perceptions and subjective view



Who are the targets?

- Neuroticism (sensitive, low emotional stability)
- Extraversion (energetic, sociable)
- Agreeableness (kind, friendly)
- Openness (curious, intellectual)
- Conscientious (organised, dependable)

Who are the targets?

- Neuroticism (sensitive, low emotional stability) ↑
- Extraversion (energetic, sociable) ↓ →
- Agreeableness (kind, friendly) ↓ →
- Openness (curious, intellectual) ↑ ↓
- Conscientious (organised, dependable) ↑ ↓ →
- ***Not a homogenous group***
- ***Female gender often over-represented***

Who are the perpetrators?

- Increased neuroticism
- Protecting self-esteem
- Differences in self-esteem
- Lack of appropriate social skills and communication
- Lack of self-reflection and insight
- Most frequently associated with 'managers'
- Most frequently male gender



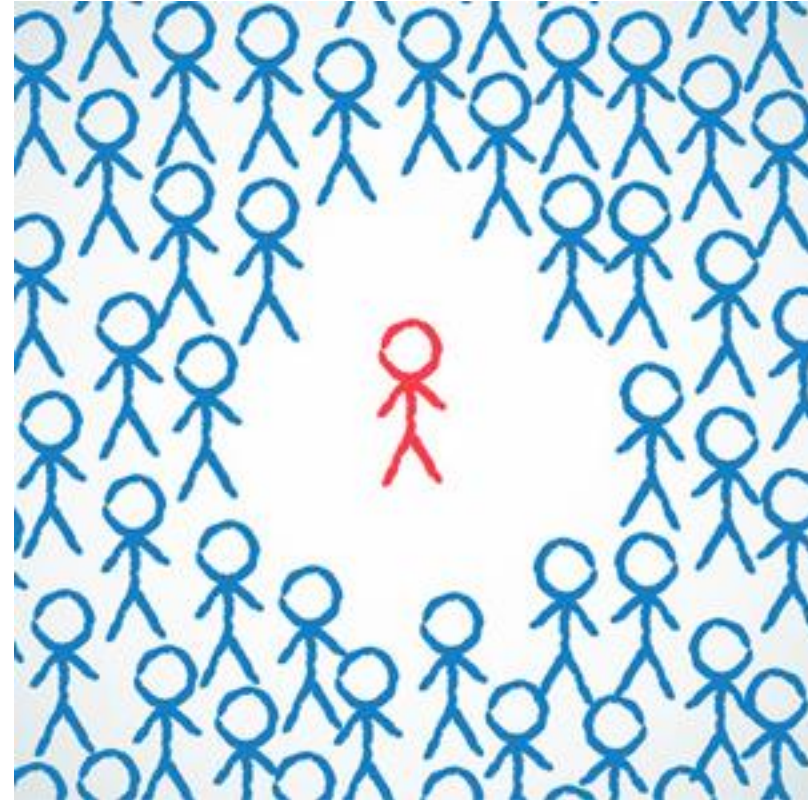
Preceding factors: social

- Social interactions
- Socialisation
- Learned behavior and norms
- Outgroup denigration
- Reciprocity



Preceding factors: social

- Previous encounters
- Perseverance
- Justice
- Calculated bullying
- Displaced aggression



Preceding factors: organisation

- Culture and climate
- Lack of discipline
- Change
- Leadership
- Organisation and design of job
- Physical environment



Consequences for the target

- Impact on psychological health
- Substance abuse
- Physical health
- Family life



Consequences for bystanders

- Consider leaving job
- Feeling unsafe in role
- Similar impacts on psychological/physical health compared to targets



Consequences for organisations

- Absences from work
- Increased staff turnover
- Impact on job satisfaction
- Financial costs to the organisation
- Significant impact on patient care



GMC Standards

- ‘Promoting excellence: standards for medical education and training’
- Regulations for the treatment of those in training
- Requirement R3.3:
 - ***Learners must not be subjected to, or subject others to, behavior that undermines their professional confidence, performance or self-esteem***
- Victims of bullying 10% more likely to leave training in 1 year

GMC Trainee Survey 2017

- Significant overall findings:
 - ***0.4% (187) trainee doctors reported that they had been a victim or witness of bullying and harassment and were prepared to report it***
 - ***5.1% (2721) were either a victim or a witness but were not prepared to report it***
 - NHS Staff Survey – 24.3% (250,000 staff)

GMC 2017 Trainee Survey

- The results in the major specialties:
 - ***Medicine: 69 vs 808***
 - ***Surgery: 23 vs 643***
 - ***O&G: 26 vs 290***
- Significant concerns regarding trainees not reporting these incidents

GMC 2017 Trainee Survey: perpetrators

Person doing the bullying or undermining	Number of responses in national training surveys 2017
Consultant/GP (within my post)	83
Consultant/GP (outside my post)	29
Nurse/midwife	28
Other doctor	31
Other trainee	15
Management	20
Patient/relative	11
Other	29

Most frequent perpetrators are consultants or those in senior posts

GMC 2017 Trainee Survey: type

Type of bullying/undermining	Number of responses in national training surveys 2017
Belittling or humiliation	142
Threatening or insulting behaviour	84
Deliberately preventing access to training	30
Bullying related to protected characteristics	30
Other	51

Most frequent form is belittling or humiliation

GMC 2017 Trainee Survey: non-reporters

Reason for not reporting bullying and undermining via the national training surveys	Number of responses in national training survey 2017*
The issue has already been resolved locally	753
I have raised it, or intend to raise the issue locally	752
I don't think the issue is serious enough to report	613
I don't think reporting will make a difference	944
Fear of adverse consequences	852
Others	178

Most non-reporters think that reporting the problem will not make a difference

Bullying & Harassment

- 2017 GMC trainee survey
 - 31 reported occurrences in pathology
- Not as many as other specialties (>600 in surgery)
- No one prepared to provide additional details about incidents
- Many factors contributing to this reluctance

Just one incident of bullying and harassment is too many

GMC Trainee Survey 2018

- Significant overall findings:
 - ***5.8% (2972) trainee doctors reported that they had been a victim or witness of bullying and harassment and were prepared to report it***
 - ***5.4% (2784) were either a victim or a witness but were not prepared to report it***

GMC Trainee Survey 2018

I don't think reporting will make a difference	24.4
Fear of adverse consequences	21.5
I have raised it, or intend to raise the issue locally instead	16.9
The issue has already been resolved locally	16.8
I don't think the issue is serious enough to report	15.6
Other	4.6

GMC Trainee Survey 2018

Who has been doing the undermining/
bullying described in your concern?

Consultant/GP (within my post)	24.3
Nurse/Midwife	21.5
Other doctor	24.3
Management	21.5
Other	16.9
Consultant/GP (outside my post)	16.8
Other trainee	15.6
Patient/relative	4.6

Which behaviour types describe
your concern?

Belittling or humiliation	39.8
Threatening or insulting behaviour	23.2
Other	16.3
Bullying related to a protected characteristic	10.2
Deliberately preventing access to training	10.2

Bullying & Harassment: what can we do?

- The GMC has stated that the following are key factors contributing to a positive and supportive training environment:
 - *Valuing doctors in training*
 - *Departmental cohesion & leadership*
 - *Managing workload & stress for doctors in training & consultants*
 - *Communication with doctors in training; recognising undermining*
 - *The need for effective senior leadership*

Consideration of these factors is paramount to successfully tackling bullying and harassment

O&G: Bullying and Undermining Toolkit

- Strategic interventions
 - Measures that over-arching organisations such as the NHS, GMC and medical royal colleges can implement
- Unit, trust and local education provider interventions
 - Measures that whole trusts or hospitals can implement
- Departmental and team interventions
 - Measures that individual teams within a hospital can implement
- Individual interventions
 - Measures that can be implemented at an individual level, whether victim, perpetrator or manager of affected individuals

RCS(Ed): #LetsRemoveit

- Created by a working group of RCS(Ed) with aims of:
 - Create a clear evidence base of the impact that bullying has on patient outcomes and disseminate this widely
 - Develop resources and host events
 - Ensure RCSEd prioritises anti-bullying activities
 - Work in partnership



Bystander Training

- There are many things that bystanders to bullying can do to become upstanders:
 - *Question the bullying behaviour. Changing the subject or questioning the behaviour can shift the focus*
 - *Use humour to redirect the conversation*
 - *Bystanders can intervene as a group to show there are several people who don't agree with the bullying*
 - *Reach out privately to check in with the person who was bullied to let them know you do not agree with it and that you care*

Bullying & Harassment: ACTIONS



- RCPATH & Trainees Advisory Committee developed this strategy:
 - *Endorsing the 'Let's Remove It' campaign of the RCSEd*
 - *'Not in the Textbooks' RCPATH/TAC conference featuring this topic*
 - *Slide presentation used as a resource for College members & trainees to highlight the issue at relevant conferences and meetings*
 - *RCPATH website featuring the College's position and resources*
 - *The issue of bullying features in the Bulletin & as part of the College blog series.*

Aiming to help all staff feel supported and show them where help is available should they need it

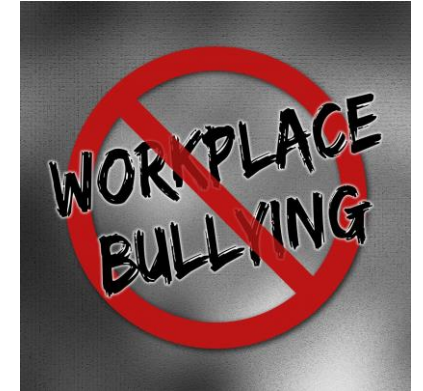
Uniting the specialties

- “Tackling Undermining and Bullying in the NHS”
- 4th April 2019
- One-day, interactive forum; learning about strategies that have been successfully adopted to manage difficult workplace behaviour issues
- The speakers had a range of experience from both within the NHS and in other sectors.
- Collaborative ventures which you could sign up to, and took part in interactive workshops to discuss strategies.
- Discuss own experiences with dealing with inappropriate behaviour, hear about successful ventures.

Forthcoming College Bulletin article!

Summary

- This is not a new problem that many have experienced
- Pathology is not excluded
- Requires a culture change to tackle it
- Measures are now being implemented by TAC and RCPATH
- ***One incident of bullying is too many***
- ***Bullying and harassment has no place in pathology***



References and Resources

- <https://www.rcpath.org/discover-pathology/news/bullying-and-harassment-making-it-a-problem-of-the-past.html>
- General Medical Council, Training Environments 2017: Key findings from the national training surveys
(www.gmc-uk.org/-/media/documents/NTS_Report_20173)
- RCSEd Anti-Bullying and Undermining Campaign
(www.rcsed.ac.uk/professional-support-development-resources/anti-bullying-and-undermining-campaign)
- RCOG Undermining Toolkit
(www.rcog.org.uk/en/careers-training/workplace-workforce-issues/improving-workplace-behaviours-dealing-with-undermining/undermining-toolkit/)
- Illing, J.C. *et al* (2013) Evidence synthesis on the occurrence, causes, consequences, prevention and management of bullying and harassing behaviours to inform decision making in the NHS. National Institute for Health Research.

