BMA

Bullying and harassment: how to address it and create a supportive and inclusive culture

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Anthea Mowat
BMA Chair of the
Representative Body

Foreword

Two in five doctors say bullying and harassment are problems in their workplace[1]. One in five say they have personally experienced it in the past year[2].

Bullying in medicine can bring to mind images of a junior doctor being shouted at by a senior, or a surgeon angrily throwing instruments across the room. But the experiences we have heard through the BMA's bullying and harassment project show it can affect all kinds of doctor and medical student. We know that other staff in the NHS are affected too – one in four according to the NHS staff surveys.
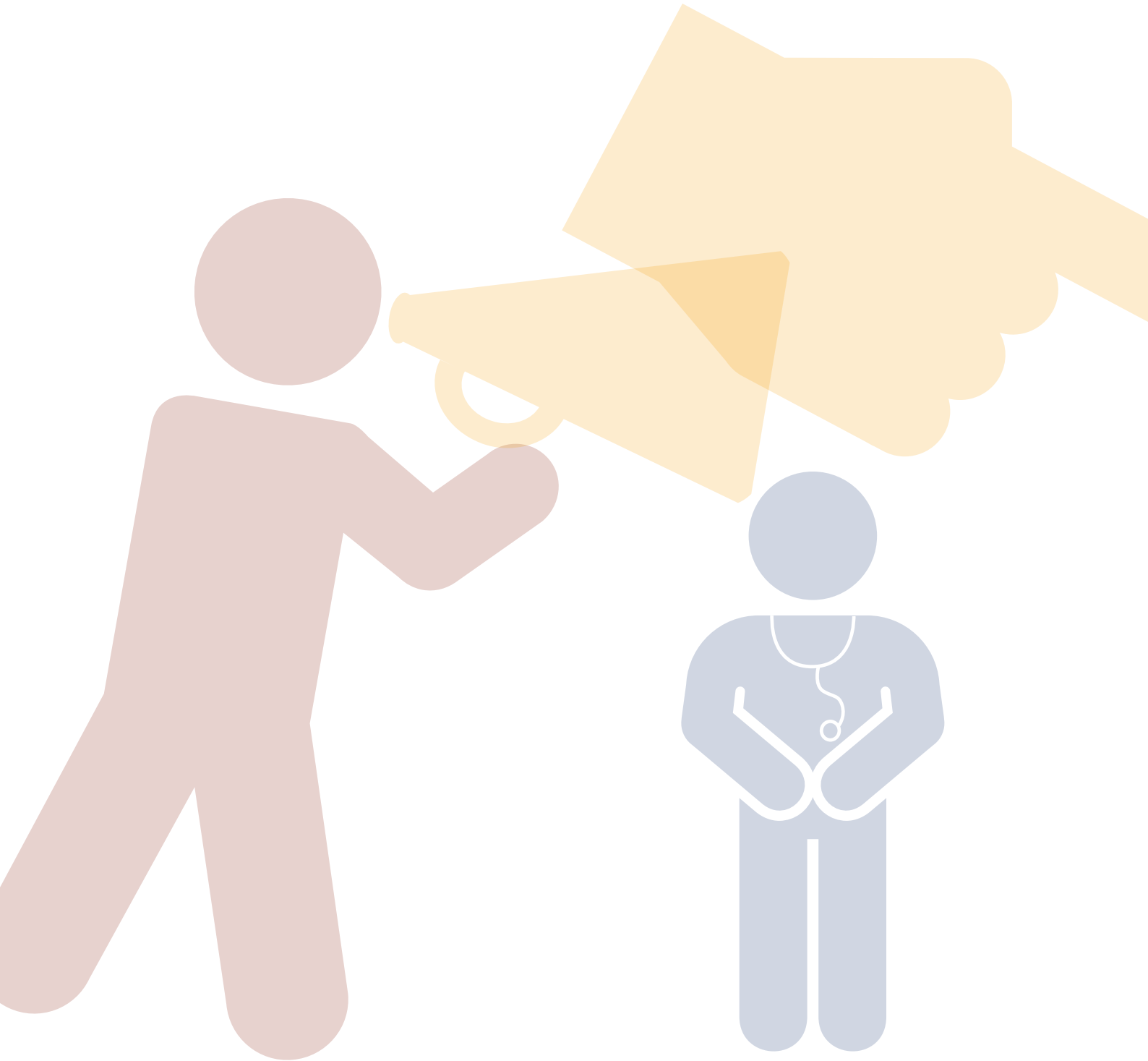
It is not just an issue about individual relationships. It also reflects pressures in the system, poor working environments, top-down 'command and control' leadership, and a culture that accepts such behaviour as the norm.

People who have been bullied have described how it has destroyed their confidence and affected them personally. In some instances, it has caused serious and lasting harm to people's lives and careers. Even those who simply witness such behaviour say they are more likely to take time off sick or want to change jobs[3].

The consequences for patient care and safety are serious. In workplaces where bullying is common, communication and teamwork suffer, and staff are afraid to raise legitimate concerns about patient care or safety.

The BMA has listened to doctors and medical students' experiences of bullying and harassment. We have heard what they think causes it and what can be done to resolve problems and create a better working environment. We hope you find the resulting recommendations useful. We are keen to work with others who are seeking to change the culture in the NHS and profession so that everyone is treated with respect and compassion.

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BMA Chair of the Representative Body

Bullying and harassment: how to address it and create a supportive and inclusive culture

The BMA began its bullying and harassment project in 2017. This was driven by our members, especially our Staff and Associate Specialists doctors, who highlighted bullying and harassment as an issue affecting their working lives and well-being and the impact it has on patient care and safety[4].

As part of the project, we reviewed the existing evidence on workplace bullying and harassment in the NHS and the medical profession and we asked doctors and medical students to share their experiences and views with us. This report is a reflection of what we have learned. It sets out key issues that need addressing and recommendations for change.

The causes of bullying and harassment and the influences on behaviour in the workplace are many and complex. As others have said, there needs to be a comprehensive and strategic approach to eradicate bullying and harassment[5]. There is no simple, single solution. In making the recommendations below, we want to emphasise that action needs to be targeted at all levels: at changing individual behaviour; addressing the organisational factors; and dealing with system pressures.

The recommendations have been grouped into three areas which came up through the discussions we had with doctors and medical students: ending the silence; improving the resolution of problems; and creating a more supportive and inclusive culture. Action is needed across all three areas. For example, encouraging individuals to speak up and report bullying and harassment will not be effective if complaints are not taken seriously when people do.

'Bullying and harassment occurs on a monthly basis where I work. It's so bad that I can't even begin to explain. I consider leaving medicine on a regular basis.' Doctor
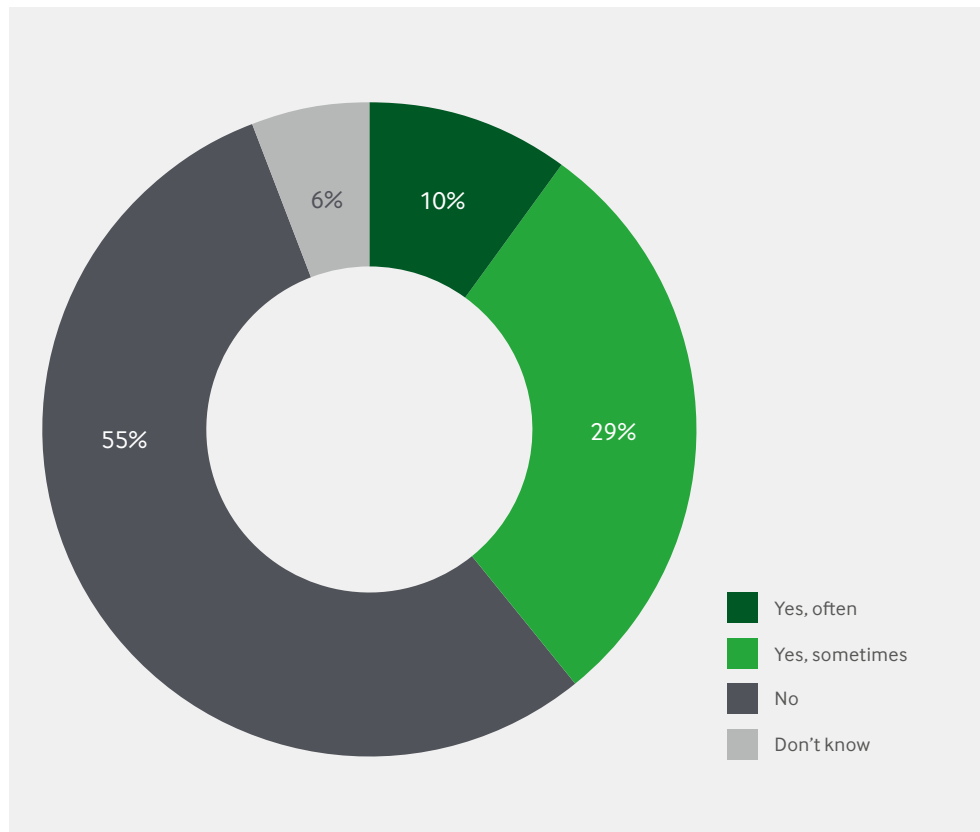
'Among senior doctors, the culture is still very much that "you suck it up". I am middle-aged, white, highly successful, not someone who many would consider to be "at risk". But I've suffered much distress.' Consultant

'I struggled to function, felt physically sick, emotionally broken. I used to cry on the way to work. Prayed that a truck would flatten my car.' Former GP trainee

'It affected my family. I lost sleep. I lost my confidence with my behaviour and my clinical decision-making.' SAS doctor

Figure 1: Is there a problem with bullying, undermining or harassment in your main place of work? (All UK working doctors)

Legend:
- Yes, often
- Yes, sometimes
- No
- Don't know

(Chart values: 10%, 29%, 55%, 6%)

Bullying and harassment: how to address it and create a supportive and inclusive culture

Ending the silence
— Talk about behaviour and improve understanding of what bullying and harassment are
— Make sure there is a designated person who people can discuss bullying or harassment concerns with informally and in confidence
— Improve awareness and reach of Freedom to Speak Up Guardians where they exist
— Use anonymous surveys and other feedback sources to assess the prevalence and nature of bullying and harassment concerns
— Encourage bystanders to be more active
— Give people the tools and support to effectively challenge behaviour

Improving the resolution of problems
— Improve how formal complaints are handled in practice in the NHS, ensuring sufficient resources, representation and support for individuals going through the process
— Ensure access to alternative means of resolution, such as mediation, where appropriate
— Encourage and enable early intervention to tackle low level, unprofessional behaviour before it escalates to bullying or harassment

Creating a more supportive and inclusive culture
— Alleviate the system pressures and take steps to support the development of positive working relationships
— Display compassionate leadership from the very top and develop it throughout the NHS system
— Embed an understanding of human factors in medical selection, education, training and work practices
— Provide more training and support on giving and receiving effective feedback
— Improve support for doctors and medical students with disabilities or long-term health conditions
— Value diversity, support diverse teams, and ensure inclusion of all staff

1

Ending the silence

Silence permits bullying and harassment to continue. If individuals do not speak about it or seek help, problems cannot be addressed. Where such behaviour goes unchallenged, it becomes normalised and part of the culture. The #metoo movement has illustrated how ending the silence, especially if done collectively, can start to change things.

Doctors are less likely than other staff to report incidents of bullying or harassment to their employer. According to the NHS England Staff Survey 2017, for example, around half of all NHS staff who were bullied or harassed said incidents were reported by themselves or a colleague but only one in three hospital doctors and dentists did. Among junior doctors the level of reporting is even worse, with just a quarter saying incidents were reported.

The BMA asked doctors and medical students about the factors contributing to bullying or harassment in their main place of work or study, half of them responded: 'people who are bullied are too afraid to speak up' (see figures 2 and 3).

Individuals who have been bullied or harassed are often targeted because they are isolated or in a weak position. However, we have also heard from doctors who never thought bullying or harassment would happen to them. They felt confident and convinced they would never tolerate it. But once they were on the receiving end, they lost confidence, becoming fearful and anxious. Some even felt ashamed, making it difficult to say anything to anyone.

Organisations need to take steps to reassure staff, offer multiple avenues for raising concerns, and actively monitor where there may be problems. A lack of formal complaints should not be taken as an indication that there is no problem, because where bullying and harassment is rife, people are more likely to be afraid of reporting it.

'The daily beratings increased in severity to the point where I'd break down and cry. He asked me three times: "Do you think I am bullying you?" I felt pressured, I said, no.'
Former GP trainee

Figure 2: Why do you think there is or may be a problem with bullying, undermining or harassment in your main place of work? (All UK working doctors who say there is a problem or don't know)

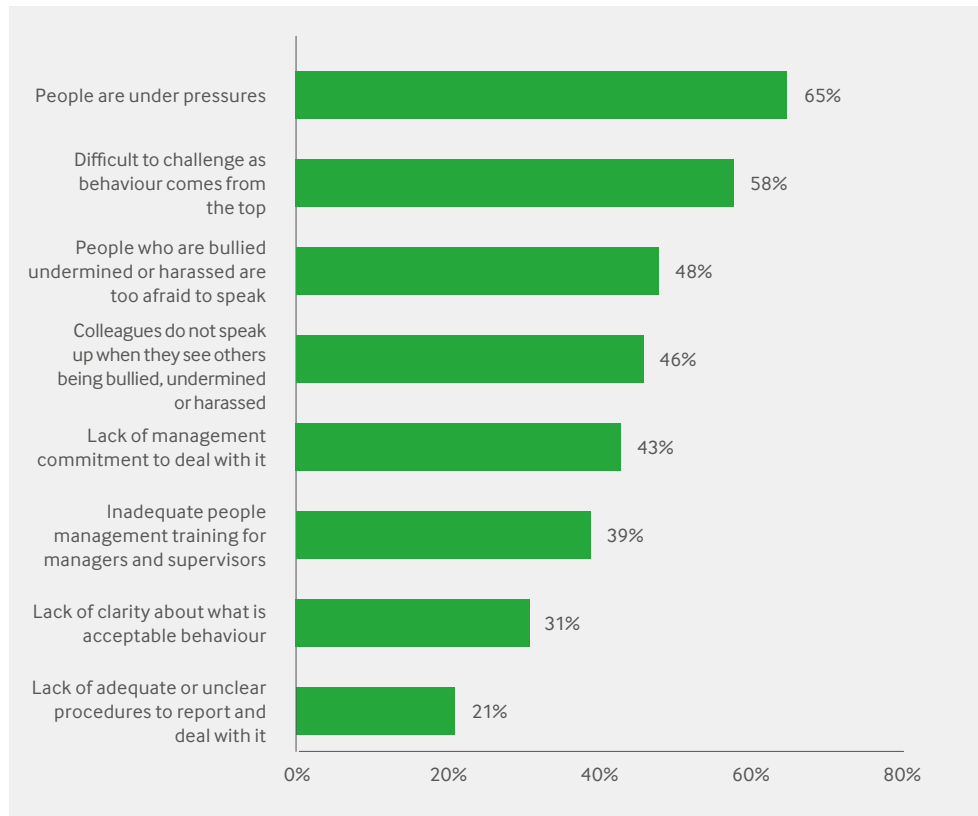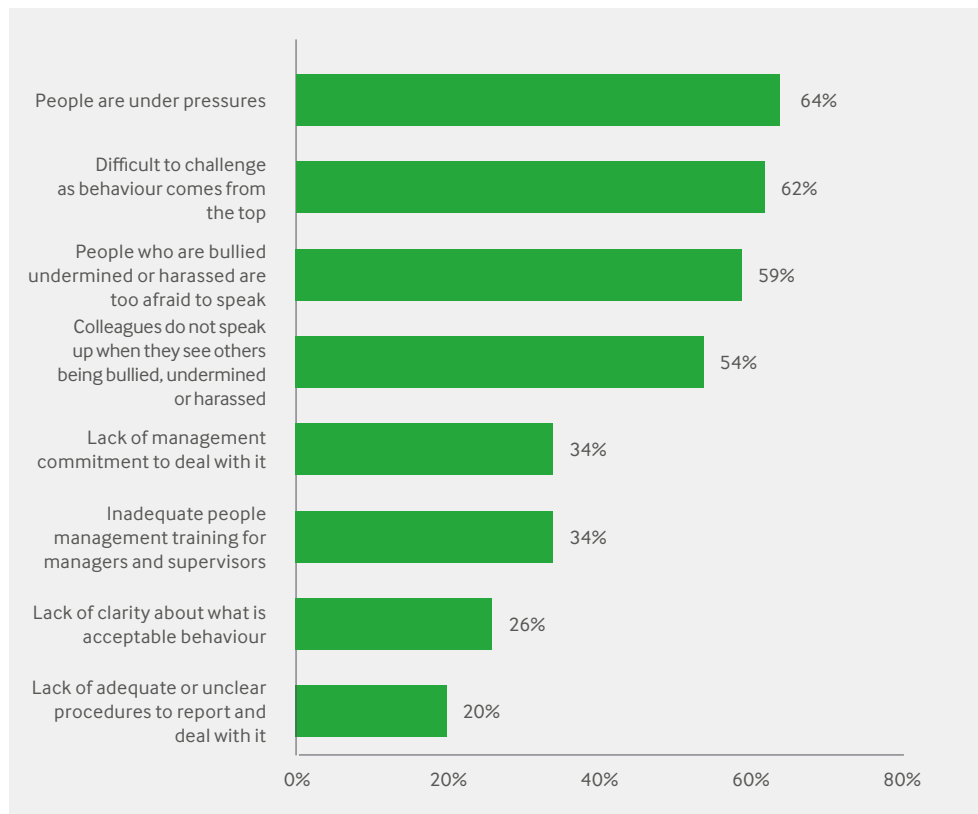| Category	Value
People are under pressures	65%
Difficult to challenge as behaviour comes from the top	58%
People who are bullied undermined or harassed are too afraid to speak	48%
Colleagues do not speak up when they see others being bullied, undermined or harassed	46%
Lack of management commitment to deal with it	43%
Inadequate people management training for managers and supervisors	39%
Lack of clarity about what is acceptable behaviour	31%
Lack of adequate or unclear procedures to report and deal with it	21%

Figure 3: Why do you think there is or may be a problem with bullying, undermining or harassment in your main place of study? (All UK medical students who say there is a problem or don't know)

Category	Value
People are under pressures	64%
Difficult to challenge as behaviour comes from the top	62%
People who are bullied undermined or harassed are too afraid to speak	59%
Colleagues do not speak up when they see others being bullied, undermined or harassed	54%
Lack of management commitment to deal with it	34%
Inadequate people management training for managers and supervisors	34%
Lack of clarity about what is acceptable behaviour	26%
Lack of adequate or unclear procedures to report and deal with it	20%

1.1 Talk about behaviour and improve understanding of what bullying or harassment are

An initial barrier to reporting is recognising when behaviour is bullying or harassment. NHS employers, medical schools, deaneries/education and training boards, professional associations and Royal Colleges should promote understanding through their communications with staff, students, trainees or members. For example, the Royal College of Surgeons Edinburgh, which has been running the #letsremoveit anti-bullying campaign, has simple and much visited web pages: 'Are you being bullied?' and 'Are you a bully?'[6] Organisations should include definitions and specific examples of what is bullying or harassing behaviour in relevant policies and codes of conduct.

It is especially important that those with management, leadership, teaching or supervisory responsibilities have a clear understanding of what bullying and harassment are, so they can prevent their own behaviour from crossing the line and identify when others might be being bullied or harassed and need support. This kind of material should be a core part of their training and development.

BMA support

In January 2018, BMJ Learning published a short online **learning module** on preventing bullying and harassment which includes information and exercises to build understanding of when behaviour is and is not bullying or harassment and what can be done about it[7]. It is free for BMA members to access.

In 2018, the BMA has run workshops, events and webinars at which doctors and medical students have had the opportunity to openly discuss what bullying and harassment are and explore any areas of uncertainty (e.g. bullying or banter and bullying or managing performance).

The BMA has included stories and articles about different experiences of bullying and harassment in its member publications to raise awareness (see Appendix 1 for further information).

The BMA's own 'Living our Values' Code of Conduct[8] was developed following workshops with elected members in 2017. It includes information about bullying, harassment and sexual harassment and newly elected members receive information about it during their inductions.

1.2 Make sure there is a designated person that people can discuss bullying or harassment concerns with informally and in confidence

Formally reporting bullying or harassment can be daunting. People may be concerned about going on the record and triggering a formal procedure for fear that it will make matters worse for them. Advertising a named contact that people can have an initial conversation with informally and in confidence is important, especially for those who may feel isolated and be lacking peer support in a workplace, such as SAS doctors, GP trainees, or medical students on placements. Medical students and GP trainees have also emphasised the importance of separating pastoral support and academic roles.

Hull and East Yorkshire NHS Trust's 'anti-bullying ambassador'
*As part of an effort to address bullying and harassment at Hull and East Yorkshire NHS Trust, the then Director of Medical Education, Makani Purva, was appointed as an 'anti-bullying ambassador'. The Trust set up a system so that anyone could alert her directly when they had problems. She explained the benefits of the role to staff: 'They knew it wouldn't go any further. They could discuss problems, seek guidance on where to take the matter further if they chose to escalate them and obtain reassurance if they were worried or upset.'
She added: 'The reason why many of the current mechanisms don't work is because they are formalised and sometimes staff are not comfortable going down such routes'w[9].*

1.3 Improve awareness and reach of Freedom to Speak Up Guardians

In NHS England, Freedom to Speak Up Guardians and their associated networks of champions often act as a confidential source for raising bullying and harassment concerns with. More than two-fifths (45%) of the cases guardians dealt with in the year to April 2018 were about bullying or harassment[11]. Dr. Jamie Read, a junior doctor and Freedom to Speak Up Guardian at University Hospitals Plymouth NHS Trust told the BMA: 'Bullying and harassment has been a big finding across all of the guardians. Some people say, 'I think I am being bullied, undermined or harassed. Others don't use the "bullying label" but through conversations it looks like that is what's being described'[12].

Only a small proportion of the cases that Freedom to Speak Up Guardians deal with come from doctors — just 6% compared to 31% from nurses. The relatively low level of cases coming from doctors may be influenced by the fact that doctors are under-represented in the guardian role 5% of the guardians are doctors whereas 11% of the NHS workforce are (by comparison a quarter of the guardians are nurses, reflecting the proportion of nurses in the NHS workforce)[13]. For Freedom to Speak Up Guardians to play more of a role in addressing bullying and harassment that doctors experience there should be:
— greater awareness of the role among doctors;
— better links forged at local level between Freedom to Speak Up Guardians and doctors, for example, by encouraging them to attend junior doctor forums, SAS doctor forums, and regular contact with Local Negotiating Committee or Local Medical Committee representatives;
— consideration of the need to reach out to doctors of different grades and different protected characteristics when appointing guardians.

There have been calls from within the BMA for guardians to be appointed for SAS grade doctors to help address the bullying and harassment many of them experience[14]. In addition, only 8% of the Freedom to Speak Up Guardians are currently from a black or minority ethnic background and there are higher levels of bullying and harassment reported by BME staff in the NHS[15]. A majority of SAS grade doctors are also BME[16].

BMA support
BMA members who are concerned that they may be experiencing bullying or harassment can call us on **0300 123 1233** and speak in confidence about their concerns. A short **video** was shared on social media in 2018 to reassure and encourage members who may be experiencing bullying or harassment that they can talk things over with us[18]. A **short film** with a BMA Senior Employment Adviser also explains the range of informal and formal support we can provide[19].

In 2017, BMA Scotland launched a specific **Respect at Work** helpline to reach out to members and assure them that they can speak to us about any bullying, harassment or dignity at work issues in a completely confidential way[20].

1.4 Use anonymous surveys and other feedback sources to assess the prevalence and nature of bullying and harassment concerns

Organisations should actively monitor whether bullying or harassment is a problem within their workforce, membership, or trainee or medical student body. This can be done through surveys and gathering information from other sources such as exit interviews, reports from Freedom to Speak Up Guardians, pastoral support contacts, occupational health (who may be seeing increasing health problems linked to bullying and harassment), or Guardians of Safe Working (who may be able to flag any bullying around exception reporting by junior doctors in NHS England).

Surveys and other feedback sources should be anonymous. People who are afraid of formally reporting will be more likely to raise concerns when they can do so anonymously. Organisations covered by the regular NHS staff surveys (e.g. Trusts, CCGs, health authorities) and the GMC National Training Survey should, at a minimum, discuss the key findings on bullying and harassment from those surveys at senior level and consider what measures can be taken to improve things in collaboration with staff and trainees.

If surveys or other feedback sources identify problems in particular areas or teams, any follow up must be done sensitively and without compromising the anonymity of the individual respondents (unless they have consented to information being shared and to concerns being escalated). Findings should be discussed at senior level and shared with staff, members, trainees or medical students to gain further insight and inform actions to address the problems identified.

The GMC's National Training Survey
The GMC's annual National Training Survey asks all doctors in training about whether they have experienced or witnessed bullying or undermining in their current post. If they say they have, it asks individuals if they want to report it via the survey. Only a very small proportion of junior doctors do so – just 0.4% in 2017[21]. A further 5.1% ticked the box indicating that they had been bullied or undermined but did not want to report the incidents via the survey. The BMA has heard from junior doctors who were uneasy at even ticking this box because they feared they could be identified.

In the 2017 NTS report, the GMC responded as follows to concerns about anonymity: 'By design, because we expect deaneries/HEE local teams to investigate reports and report back to us on how they've been resolved, the process is not completely anonymous'. It said: 'We handle complaints of bullying and undermining – as well as patient safety concerns – sensitively. And we expect employers, deaneries and HEE local teams to investigate fairly and move to protect complainants from reprisal'[22]. However, more reassurance and action is needed to give junior doctors the confidence to flag or report concerns.

The GMC is currently investigating the feasibility of giving SAS doctors the opportunity to regularly feedback to the regulator about their experiences of working in healthcare[23]. The BMA has heard from SAS doctors who feel isolated and fearful of reporting bullying or harassment to their employers. There will need to be clarity about how information will be used by the regulator and whether anonymity will be provided to respondents.

If general surveys or feedback identify bullying or harassment is a problem, follow-up investigations should be carried out to understand the nature of it. Bullying and harassment covers a wide range of degrading, humiliating, offensive and manipulative behaviour. Action should be tailored to the particular problems in organisations or teams.

> ### *Using the Negative Acts Questionnaire to understand the nature of the problem*
> *The Negative Acts Questionnaire (NAQ) is an internationally recognised and tested questionnaire on workplace bullying that lists specific negative behaviours and the frequency of how often they are experienced[24]. One study of NHS workers in the North East of England using the NAQ[25] found the behaviours below were the most commonly reported. These suggest that action should be taken to address workload, job design and management style as well as action aimed at improving individual behaviour and respect at work.*
> *— having opinions and views ignored*
> *— being exposed to an unmanageable workload*
> *— someone withholding information that affects performance*
> *— being ordered to do work below your level of competence*
> *— being given tasks with unreasonable or impossible targets or deadlines*
> *— being humiliated or ridiculed in connection with your work*
> *— having key areas of responsibility removed*
> *— being ignored or facing a hostile reaction when you approach*
> *— being shouted at or being the target of spontaneous anger.*

1.5 Encourage bystanders to be more active

When the BMA asked doctors why they thought bullying and harassment was a problem in their main place of work, almost half of respondents (46%) said it was because colleagues who saw it happening did not speak up[26]. Among medical students an even higher proportion (59%) expressed frustration that others did not speak up when they saw fellow students being bullied or harassed.

A particularly effective approach to tackling bullying in schools has shifted the focus from just the victim and perpetrator to include the bystanders, encouraging them to intervene and teaching them safe and effective ways of doing so[27]. If bystanders are active, it signals to perpetrators that their behaviour is not accepted by others and helps break the silent toleration of bullying, undermining and harassment. It also helps overcome the isolation and hurt that those who are victims of bullying commonly express.

'I was told to "F" off in the presence of two senior registrars and one consultant. They all pretended it didn't happen. None of them stepped in to say this was inappropriate. The person never apologised.' Speciality trainee

It is especially important for colleagues in senior positions who see or are aware of bullying or harassment to consider what they can do to challenge the behaviour. Their standing in the profession and the workplace means that their behaviour is a strong signal to others about what will and will not be tolerated.

In some situations, a direct intervention may not feel safe, particularly for junior staff or medical students, but there may be other ways of showing support. Reaching out to the person on the receiving end to check they are ok and encouraging them to seek support, for example, from the BMA, a guardian or other confidential or pastoral support will make a difference.

1.6 Give people tools to challenge effectively

It is important to equip people with the skills and confidence to challenge behaviour in a way that is most likely to be effective. For example, meeting aggression with aggression may simply escalate rather than stop the behaviour, while a passive, indirect challenge may not register at all. Medical schools, professional and employer training should include opportunities to learn and practise assertive and effective communication.

Lessons can be drawn from the human factors field too. For example, studies on how best to challenge against steep hierarchical gradients in healthcare suggest calm and non-confrontational approaches work best. Incremental approaches that begin by questioning the behaviour and escalate where necessary, or approaches that initially use words that provoke a reaction (such as 'I am uncomfortable' or 'I am concerned') without being direct attacks on the other person (such as 'you're a bully') have also been shown to work[28].

> ### *'See something, say something' campaign at Somerset Partnership NHS Foundation Trust*
> *One case study highlighted by the NHS Social Partnership Forum's Collective Call to Action is the 'see something, say something' campaign in Somerset Partnership NHS Foundation Trust. It was developed in partnership with staff and came up with the following opening line to empower staff to address low-level concerns and challenge poor behaviour: 'In the spirit of see something, say something, can I say...'[29].*

BMA support
In 2018, the BMJ published a new online **learning module** on assertiveness in the workplace which is free for BMA members to access[30].

2 Improving the resolution of problems

The two most common reasons for not reporting bullying and harassment given by doctors is: fear that it will make matters worse for them and a lack of confidence that anything will change[31]. When the BMA asked doctors about the causes of bullying and harassment in their workplace, over two in five (43%) said it was down to a lack of management commitment to deal with it.

'I was pinned to a wall by the throat by an emergency medicine consultant… When I reported this to my surgical consultant, I was told not to make trouble: it might affect my references.' Trainee doctor

It is clear that action must be taken to improve the way bullying and harassment complaints are dealt with. They should not be immediately discouraged or dismissed out of hand. Inappropriate or inefficient responses will undermine trust in the policies and procedures intended to deal with complaints and if word spreads they are likely to deter others from ever reporting or raising concerns too.

'It seems easier to cut the string by the thinnest part and blame the one raising the concerns.' Doctor

2.1 Improve how formal complaints are investigated and handled in practice in the NHS

The BMA surveyed its senior employment advisers and employment advisers in December 2017 about their experiences of supporting and representing members involved in bullying and harassment cases. We asked them what could be done to improve the handling and resolution of complaints in the workplace and the most common response was: 'implement the existing policies and procedures better'. For example, in our advisers' experience, the typical timeframe for investigating and resolving formal complaints of bullying and harassment in the NHS is six months to a year. Some had cases that had gone on for much longer.

Investigations need to be thorough and fair, but letting the process slip and drag on unnecessarily erodes trust and is costly for all involved – not just the immediate parties but the whole surrounding team.

'More often than not it is the lack of time and resource given to the investigating managers.' BMA Adviser

Delays may be caused by a lack of capacity and resource constraints, with shortages and turnover in HR or medical staffing, or investigating officers struggling to find time outside of their normal duties to do investigations. However, not dealing with a complaint effectively could end up costing the organisation a lot more in the long run, in terms of absence costs, reputational damage, poor staff engagement and increased turnover, as well as damaging people's careers, well-being, team working and the quality of patient care. Roger Kline and Professor Duncan Lewis have 'conservatively estimated' the cost of bullying and harassment to the NHS in England at £2.281billion a year[32].

The impact of going through a grievance or disciplinary procedure on individuals needs to be recognised too, especially in bullying and harassment cases which are often more highly charged and emotional than other types of workplace dispute. The parties involved need to be properly supported. There needs to be clarity about the process and regular communication to keep them updated. Appointing a named person to progress chase and keep everyone updated throughout the process may help as well.

'Organisations need to appreciate the seriousness of the allegation and the emotional effects they have on all involved.' BMA Adviser

BMA support

The BMA is there to support and represent members in employment disputes. If both parties are members, they will be assigned their own separate BMA advisers. Members can be assured that appropriate measures are in place to ensure that there is no sharing of information or conversations between advisers about the case outside of the formal procedures. BMA members should call **0300 123 1233** for employment advice or email **support@bma.org.uk**.

The BMA's confidential counselling service can support doctors with the emotional impact of bullying or harassment and the strain of going through a procedure. It is available 24 hours a day, seven days a week. Call **0330 123 1245**.

2.2 Ensure access to alternative means of resolution, such as mediation, where appropriate

Formal investigations, grievances and disciplinaries can feel confrontational. The prospect of embarking on a formal procedure may deter some from reporting bullying or harassment in the first place. Or some may allow the situation to drag on for months or years before reporting, making resolution harder to achieve.

'Formal processes are not the answer, as they delay everything and lead to poisonous broken-down relationships. Informal quick intervention by someone who is impartial must be the way forward.' Female surgeon

Whether there are other and better means for resolving bullying complaints, such as mediation, should be explored. This means ensuring there is access to properly trained staff who are neutral and objective. All the parties involved need to be clear on how mediation works. It is an entirely voluntary process. The mediator is there not to judge right or wrong or take sides but to assist the parties in reaching an agreement to improve the situation and resolve a problem.

'Mediation gets overlooked and could address a lot of misunderstanding.' BMA Adviser

An Acas evaluation of the use of workplace mediation in one NHS organisation found it had positive results and had led to a more collaborative culture[33]. The Dignity at Work policy was rewritten to include mediation and it was reported that managers had got better at early stage conflict resolution. The number of formal grievances linked to bullying or harassment had declined and the proportion of staff reporting bullying and harassment in the staff survey also fell in the years following the introduction of mediation.

However, mediation will not be appropriate in all bullying or harassment cases. For example, Acas advise that it is unlikely to work if one party is completely intransigent and lacks insight into their behaviour; that it should be used in cases where parties are of a similar grade, or potentially between a line manager and a direct report, but not where there are stark power imbalances between the parties[34]. If there is a serious allegation of misconduct, such as unlawful harassment, a formal investigation is likely to be more appropriate.

BMA support
BMA Law can provide mediation support to help resolve disputes or deal with relationship difficulties between GP partners[35]. Email **info@bmalaw.org.uk** for further information

2.3 Encourage and enable early intervention to tackle low level, unprofessional behaviour before it escalates to bullying or harassment

Effective approaches to reducing bullying and harassment point to the importance of addressing unprofessional behaviour at an early stage – 'nipping it in the bud' – to prevent it from escalating into bullying or harassment. However, informal early action depends upon managers, senior staff and HR:
– understanding the importance of dealing with lower level or one-off behaviours like rudeness or interpersonal conflict to prevent bullying or harassment;
– having the confidence, skills and time to make effective informal, early stage interventions;
– having the senior level, organisational commitment to back them up with this approach.

Sometimes, especially if someone is an inexperienced manager or uncomfortable in dealing with conflict or relationship difficulties at work, it can feel easier to just wait and see if matters escalate to something worse and then fall back on a written procedure if they do[36]. Similarly, in a busy pressurised environment with lots of service demands, behavioural or relationship issues may go unaddressed until they become bullying or harassment and require a formal response. However, not addressing behaviour at an early stage will lead to problems that are likely to be harder to resolve and cause more harm in the long run.
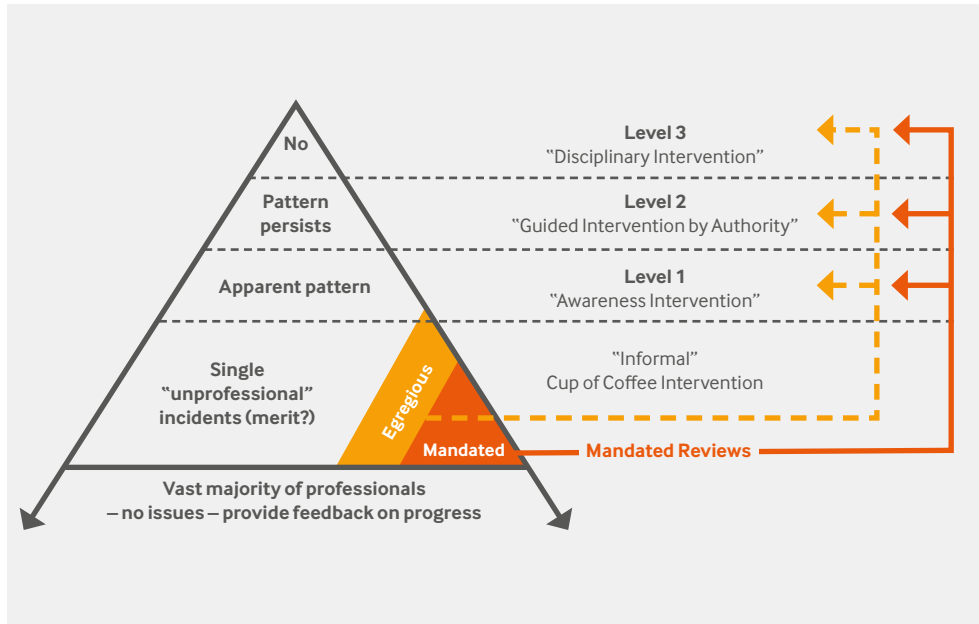
Those with managerial, supervisory or HR responsibilities should receive the necessary skills training and support to give them the confidence to make early stage interventions, for example, in conflict resolution and having difficult conversations.

Vanderbilt University's Professionalism Pyramid

The 'professionalism pyramid' developed by Vanderbilt University's Center for Professionalism and Patient Advocacy[37] provides a simple framework that highlights the importance of discussing unprofessional behaviour at the first signs of it and providing support for the individual to change. It also emphasises the need for interventions to escalate if the unprofessional behaviour persists or worsens. The informal approach should not continue if it is not effective in changing behaviour. The red triangle also indicates that some one-off incidents may be serious enough to go straight to disciplinary action.

The evidence shows that in organisations where the Vanderbilt approach has been consistently applied, the vast majority of behavioural issues are dealt with effectively through low-level interventions and only a very small minority progress to needing disciplinary intervention[38].

Vanderbilt University's Professionalism Pyramid

3

Creating a more supportive and inclusive culture

The high levels of bullying and harassment in the NHS cannot simply be put down to high numbers of bad apples in the sector. Action is needed to address the surrounding culture and working environment too – the 'bad barrels' and 'depleted barrels' which increase the risk of bullying or harassing behaviour happening and the toleration of it[39].

3.1 Alleviate the system pressures and take steps to support the development of positive working relationships

When we asked doctors why they thought there was often or sometimes a problem with bullying, undermining or harassment in their main place of work, the most common reason given by two-thirds of doctors was 'people are under pressure'. It was also the top reason given by medical students as to why bullying, undermining or harassment occurs in their main place of study[40]. Medical students have spoken about the competitive culture within medical schools and the unique pressures they face as students preparing for a career in medicine and the health service[41].

Clearly, being under pressure does not excuse bullying behaviour and can never justify harassment such as sexual harassment or harassment related to a person's sex, race, age, religion, sexual orientation, ethnicity or gender identity. People need to take responsibility for their own behaviour and they need to remember that in high pressure environments everyone will be feeling stressed. Being bullied, undermined or harassed by others adds to that stress and makes it harder to function.

A vital part of being able to cope in pressurised environments is having relationships with colleagues and fellow students that make you feel supported and respected. As Caroline Elton, occupational psychologist and career counsellor to doctors told the BMA: 'the antidote to professional pressures for doctors is a sense of belonging, having colleagues you can talk to and respect you'[42].

However, being in a highly pressurised environment can also make it harder to form those supportive relationships. When people are tired, stressed or anxious, they will find it much harder to contain themselves, relationships are more likely to be fractious at times, and conflict, aggression, and thoughtless behaviour may happen. In recent years, doctors at all levels and in all branches of practice are reporting increasing workloads, stress and detrimental impacts on their own well-being and relationships[43].

'When raising concerns about safe working practices, I was told rather aggressively that we were there to provide a service and ensure patient safety, that our own well-being was not important.' Trainee doctor

Efforts to address bullying and harassment in the NHS should not simply exhort staff to behave better towards each other. Parallel action is needed to address the pressures that are creating the stress and anxiety in the system: high workloads, staff shortages, rota gaps, lack of beds, poor IT and equipment, and the top-down 'command and control' leadership style.

Action is also needed to address the barriers to creating and maintaining more supportive working relationships, including ensuring medical students, doctors and all NHS staff have the time, space and facilities to spend time with each other away from immediate work pressures and patient-facing environments.

Within medical schools the importance of collaboration needs to be emphasised over individual competition. Mental health awareness and self-care practices need to be incorporated into the curriculum and better mental health support provided for medical students[44].

Some medical schools and hospitals are running regular Schwartz rounds, which create opportunities for people involved in healthcare delivery to share their experiences. The rounds can help break down barriers between different groups and improve understanding of each other's perspectives. Evidence shows they lead to improved mental health and well-being among regular attendees too[45].

Providing shared training days, where staff from a variety of grades, specialties and occupations can mix, may also help facilitate more collaborative working relationships across staff groups.

BMA support
The BMA model **Fatigue and Facilities Charter** includes recommended best practice. It can be used to support an awareness campaign on good sleep practices and providing facilities that ensure staff are rested and able to spend time with colleagues outside of immediate work pressures[46].

3.2 Display compassionate leadership from the very top and develop it throughout the NHS system

The second most common answer given by doctors to what causes bullying or harassment is: 'It comes from the top and is difficult to challenge'. A synthesis of evidence on the causes of bullying and harassment found it is most common in organisations that were very hierarchical and had destructive leadership styles, which were identified as being autocratic, tyrannical or laissez-faire (non-leadership)[47].

A phrase we have heard often from doctors when discussing bullying and harassment is 'bullying down the line' – senior staff passing on pressures to those next in line. Others have spoken about how the pressure of meeting national targets and the approaches of regulators fuel a bullying culture in the NHS. Three-quarters of doctors believe that financial goals and national targets and directives are prioritised over patient care[48]. Interviews by the King's Fund with retired former NHS chief executives also highlighted the palpable pressures 'bordering on bullying' that they felt from politicians and multiple regulators[49].

A BMA survey of consultants in 2018 found that a quarter felt bullied by the job planning process and half had a negative experience in their most recent meeting[50]. Some believed inappropriate techniques were used to get their agreement to job plan changes. This followed the recent imposition of a mandated electronic job planning system by NHS Improvement which enables centralised gathering of job plan data. It was felt that this had led to greater scrutiny of the data which, together with the continued over-prioritisation of financial concerns had led to bullying by some managers.

Research interviews with SAS doctors who had experienced bullying or harassment also identified that a common theme was a feeling of systemic undermining and a lack of respect for their role, skills and contribution. Many thought this was linked to the status of SAS grade doctors in a very hierarchical culture[51].

A change of leadership style is needed in the NHS. Leadership has been identified as the single biggest influence on culture in an organisation[52]. Leaders set the tone that others will follow or pass on. They also determine what gets rewarded, punished and prioritised. The multiple regulators and politicians who set the tone for the whole NHS system also need to ensure they are displaying and rewarding the right behaviours.

Professor Michael West from the King's Fund has described collective and compassionate leadership as being 'diametrically opposite to cultures of blame and fear and bullying'[53]. Compassionate leaders take time to listen, understand and empathise with staff and the difficulties they face. They support staff and help create an environment of psychological safety and containment, enabling healthcare staff to respond better to the pressures in the system and the risks and anxieties inherent in the job.

Programmes to develop collective and compassionate leadership in the NHS

Since 2016, the King's Fund and NHS Improvement have worked with three NHS Trusts on a pilot to develop collective and compassionate leadership. Guidance from these is now being shared[54]. The lessons from the pilot trusts include the need to involve clinicians in the teams responsible for promoting a collective leadership approach[55].

In October 2017, the Department of Health in Northern Ireland published a new 'Collective Leadership Strategy'[56] and NHS Scotland's Leadership Qualities Framework emphasises the importance of 'engaging leadership'. These approaches also emphasise the importance of engaging and empowering staff at all levels to lead rather than concentrating power at the top. As Project Lift, the leadership development programme in NHS Scotland says it is about 'working collectively, collaboratively — genuinely together'[57].

BMA support

The BMA has developed with its members **ten principles for Medical Engagement**[58]. They were developed through workshops that included medical students and doctors from a variety of grades and backgrounds. If followed these principles would help the NHS move towards a more collective approach and away from the centralised, 'command and control' style that has dominated.

The BMA's SAS Charters also set out core principles for ensuring better recognition and valuing of the skills, experience and contribution of SAS doctors, including giving them more autonomy.

3.3 Embed human factors in medical selection, education, training and work practices

Human factors is the study of how humans behave in particular environments — 'the study of all the factors that make it easier to do work in the right way'[59]. It is vital that medical students, doctors and healthcare staff understand how important good interpersonal communication and teamworking is to the delivery of safe and effective patient care. An understanding of human factors should be embedded in medical school selection, medical education and training, continuing professional development, and workplace practices.

Civility Saves Lives campaign

The Civility Saves Lives campaign has been highlighting the growing and strong evidence about the damaging effect of incivility on patient safety. The campaign makes clear that civil, respectful and supportive working relationships are key to the delivery of good quality patient care[60]. Chris Turner the emergency medicine consultant who set up the campaign told the BMA: 'I am a dyed-in-the-wool, evidence-based practitioner. And every bit of evidence that we have at this moment says the same thing: it says the way we behave towards each other counts'[61].

3.4 Provide more training and support on giving and receiving effective feedback

An issue that has come up repeatedly in BMA workshops and discussions with doctors and medical students has been the issue of where to draw the line between managing performance and bullying. There are multiple opportunities for feedback in medical education and throughout medical careers nowadays. It is essential that these interactions achieve what they are intended to and do not leave people feeling bullied or harassed. Feedback should reinforce good performance, clearly identify any problems, and help people work out what they need to do to improve. Feedback should not be evasive and avoid addressing performance issues, but neither should it destroy confidence and leave the recipient so full of anxiety that performance declines.

'I had to do a multi-source feedback for my appraisal. There were some overwhelmingly nasty comments in each section.' Doctor

Training and support on giving and receiving effective feedback needs to be more widespread. All those with managerial or educational responsibilities should undertake such training and be encouraged to seek feedback themselves on how they are doing in their role as a manager or educator. They also need to be mindful of how power imbalances in a relationship (especially between medical students/trainees and senior staff) and other contextual factors, such as personal issues or characteristics, can affect the way that feedback is received.

'He humiliated me in front of the bay of patients. I just about managed not to burst into tears.' Trainee doctor

The following are examples of how feedback can be bullying[62]:
— Giving feedback that is poorly matched to the level, resilience or vulnerability of the recipient
— Giving feedback that is persistently negative, harsh or with no opportunity for dialogue
— Criticism in front of others
— Storing up problems so that criticism is expressed too late or too aggressively

It is also important that those on the receiving end are encouraged and supported to address any performance issues that are raised. Feedback is more likely to be well received and positively worked through where there is a high degree of support available. Sadly, this is not always the case. It is concerning that in the latest GMC National Training Survey, for example, two-thirds of trainers and two in five trainees rated the intensity of their current workload as 'very heavy' or 'heavy', suggesting many trainer-trainee relationships are under significant time pressures. This may affect the quality of the feedback and support available.

'She said she was far too busy to deal with my problems. She was my educational supervisor.' Doctor

> ***RCSEd guidance on how to give feedback in a supportive way***
> *The Royal College of Surgeons Edinburgh has guidance available on its website, endorsed by the faculty of surgical trainers, on how to manage trainees' performance and give feedback in a supportive way[63].*

BMA support
BMJ Learning has an **e-learning module** on the art of effective feedback which is free for BMA members to access[64].

3.5 Improve support for doctors and medical students with disabilities or long-term health conditions

One of the most troubling findings from our engagement with doctors and medical students is the apparent scale of bullying and harassment experienced by doctors with disabilities or ill-health. The NHS England Staff Survey reveals that by protected characteristic, disabled staff are the most likely group to experience bullying or harassment — one in three said they had experienced it over the previous 12 months compared to one in five non-disabled staff[65]. A significant number of the accounts of bullying and harassment shared with the BMA have come from doctors with disabilities.

'My working conditions had extra protections, due to my disability. But other senior house officers were obstructive, accusing me of not pulling my weight.' Doctor

Given the rise in reported health and mental health problems among doctors and medical students, such attitudes and experiences will make it harder for people to maintain their medical careers following episodes of ill health.

'I was made to do endless on calls and take all the stressful and longer shifts to "repay" colleagues for the time I was off sick. I was meant to be on a phased return.' Doctor

Action needs to be taken across the profession and NHS to challenge negative attitudes to disability in the workforce and to highlight the value that doctors and medical students with disabilities can bring. The importance of making reasonable adjustments must be strongly emphasised and the necessary resourcing put in place within medical schools, education and training providers and employers. Such adjustments are essential to people with disabilities being able to contribute, realise their potential and progress in the profession.

There are opportunities with NHS England's upcoming launch of the Workforce Disability Equality Standard in 2018/19[66] and the GMC's revised guidance 'Welcomed and Valued' on supporting doctors and medical students with disabilities across the UK for concerted action in this area[67].

3.6 Value diversity, support diverse teams and ensure inclusion of all staff

The medical profession and NHS workforce has a relatively high degree of diversity compared to many other professions and sectors. However, the culture of the NHS and the profession has not kept pace with the growth in diversity in numbers and significant sections of the workforce do not feel as included or respected as others.

Despite making up well over a third of the medical workforce, only 55% of BME doctors, said there was respect for diversity and a culture of inclusion in their main place of work compared to 75% of white doctors. There was a similar ethnicity gap in those saying there was effective teamworking in their main place of work – with 57% of BME doctors agreeing that there was compared to 72% of white doctors. BME doctors were also more than twice as likely as white doctors to agree that bullying and harassment is often a problem.[68]

We have heard experiences and stories from women doctors about inappropriate comments around pregnancy or maternity leave; demeaning or hostile attitudes if they opted to work or train less than full time; and a few worrying examples of sexual harassment.

'He constantly made comments about my legs.' Specialty trainee

Research carried out by the BMA and GLADD has also highlighted the undermining, abuse and harassment linked to sexual orientation that many gay, lesbian and bisexual doctors experience[69].

'People would say slightly offensive things about LGBT people in the coffee room while I was there, even though they knew I was gay.' Doctor

Within the profession, NHS and medical education there needs to be greater acknowledgement of diversity and the benefits it can bring when people feel included and respected. For positive relationships to be formed between colleagues of different backgrounds, people need to understand the importance of and to show cultural humility. This means: ongoing self-reflection and learning; actively and openly engaging with others; listening and considering things from the perspective of others; and being conscious of and bringing into check power imbalances in relationships[70].

Mandatory equality and diversity training is delivered throughout the NHS, often through online or e-learning modules. The effectiveness of current training should be assessed. The ability to work effectively in diverse teams (and for managers the ability to lead diverse teams) should be a key outcome for any equality and diversity-related training or development activities for staff[71].

Appendix 1: Bullying and harassment definitions

There is no legal definition of bullying. The employment and conciliation service Acas say workplace bullying is: "offensive, intimidating, malicious or insulting behaviour, an abuse or misuse of power through means that undermine, humiliate, denigrate or injure the recipient". Some definitions also refer to it being a repeated pattern of behaviour. Bullying can cover: physical or verbal aggression, excluding or ignoring people, spreading malicious rumours, or constantly criticising and undermining a competent worker.

The Equality Act 2010 defines harassment as: unwanted behaviour that is related to one of the protected characteristics (age, disability, gender reassignment, race, religion or belief, sex, sexual orientation) or, in the case of sexual harassment, it is behaviour of a sexual nature. It has the purpose or effect of violating someone's dignity or creating an intimidating, hostile, degrading, humiliating or offensive environment for them. Harassment can be a one-off or repeated pattern of behaviour under this definition.

The line between bullying and harassment and other behaviour such as workplace banter or performance management may not always seem clear. It is important to remember that how behaviour is received and the actual impact it has on the recipient is a key consideration. It is not sufficient to say that nothing was meant by it; it was just a joke; or the other person should just toughen up. Under the legal definition of harassment, for example, it is not necessary to prove that behaviour was intended to cause harm, degrade, humiliate or offend someone. It is sufficient just to show that it had that effect. An employment tribunal will give particular weight to the perception of the recipient of the behaviour. It will also consider whether it was reasonable in all the circumstances for the behaviour to have had that effect on them.

Appendix 2: The BMA's bullying and harassment project

The BMA's project began in January 2017 and it will continue through to 2019. The project has been overseen by a steering group that included doctors and medical students from different branches of practice.

Through the project we have:
— Reviewed recent research on the scale of bullying and harassment in medicine and the NHS, and its consequences.
— Developed a BMJ Learning module on preventing bullying and harassment.
— Featured bullying and harassment issues and stories in BMA member communications.
— Invited doctors and medical students to share their experiences of bullying and harassment with us via a secure online portal to gain further insights.
— Included questions on the causes of bullying and harassment and perceptions of whether it is a problem in BMA member survey.
— Engaged with different branches of practice at BMA conference workshops, events and committee meetings to hear their perspectives and ideas about what needs to change.
— Sought the views of BMA employment advisers who support and represent doctors in workplace bullying and harassment cases.
— Engaged with other organisations involved in their own or shared initiatives to address bullying and harassment in the profession and wider NHS (e.g. NHS England's Social Partnership Forum's Collective Call to Action and participating in conferences with the Royal College of Surgeons Edinburgh and Royal College of Obstetrics and Gynaecology to tackle bullying and undermining in medicine).

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