

Background

Everyone deserves to be treated with dignity and respect at work, and we all have a role to play in making sure that happens.



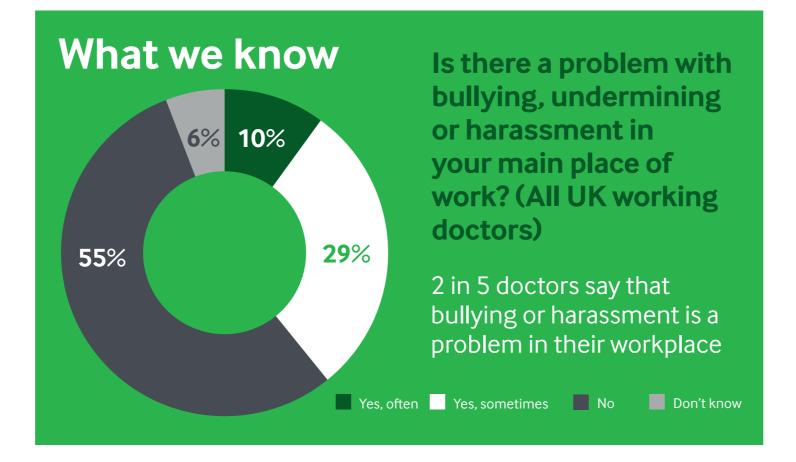
The BMA is committed to raising awareness of bullying and harassment, the causes and scale of the problem, and the consequences. Our programme raises this issue at local and national levels, seeking changes in employer practices and organisational cultures.



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Addressing bullying and harassment of doctors in the workplace and promoting dignity at work



What employers don't know



A minority of doctors report incidents to their employer

Of those who suffered bullying or harassment, only **33%** said they or a colleague reported incidents to their employer, and trainee doctors were least likely to take action.

Source: 'NHS England Staff Survey **2017**'

Who's affected?

- 1 in 5 NHS doctors and dentists were bullied or harassed in 2017
- All grades of doctor are affected –
 20% trainees, 23% consultants and 24% other grades
- Disabled NHS staff are most likely to suffer bullying or harassment
- LGBT and Black or minority ethnic staff also suffer higher levels.

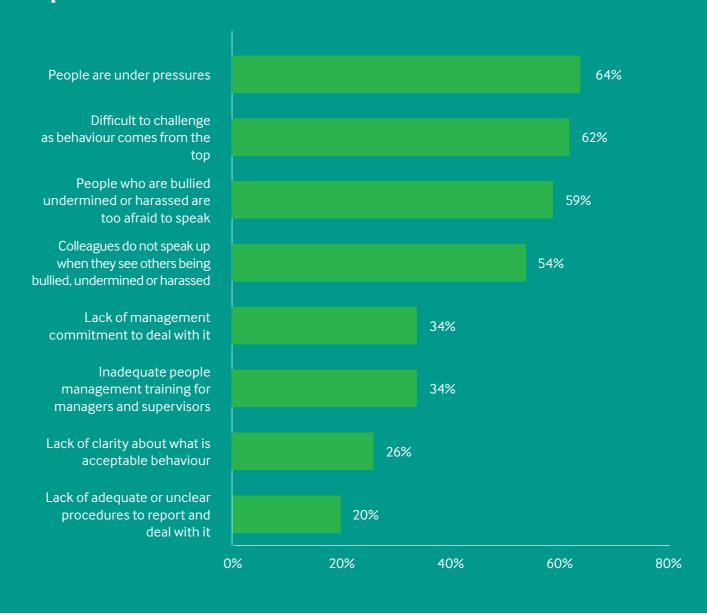
Bullying and harassment has a harmful impact on:

- patient care cultures of fear and blame prevent staff from raising concerns and compromise patient safety
- career satisfaction many medical students and trainees internalise negative behaviour and self-doubt; many doctors feel demotivated and lose ambition
- organisational costs staff turnover and sickness absence rise and performance declines, the estimated cost of bullying to the NHS is £2.3 billion a year'
- health bullying and a lack of emotional safety can harm doctors' mental and physical health.

Why might this be happening?

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)



What can be done about it?

The BMA consulted its members and recommends action in three areas:

1. Ending the silence

- Talk more about behaviour
- Provide named contacts that people can speak to informally and in confidence
- Improve awareness and reach of Freedom to Speak Up Guardians where they exist
- Monitor whether bullying or harassment is a problem through anonymous surveys
- Encourage bystanders to be more active
- Provide tools and support to help people effectively challenge behaviour

2. Improve resolution of problems

- Make sure complaints are taken seriously and handled appropriately
- Ensure access to mediation, where appropriate
- Encourage early intervention to prevent problem behaviour escalating into bullying or harassment

3. Creating a more supportive and inclusive culture

- Address the system pressures and take action that supports staff to form positive working relationships
- Display compassionate leadership throughout the NHS

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

If you are a BMA member affected by these issues, contact our advisors by visiting bma.org.uk/contactus, or see how to contact your local BMA representative at bma.org.uk/what-we-do/local-negotiating-committees