

"Bullying is endemic throughout the system" ¹



Prof Jan Illing

¹ Your Training Counts, Medical Council 2017

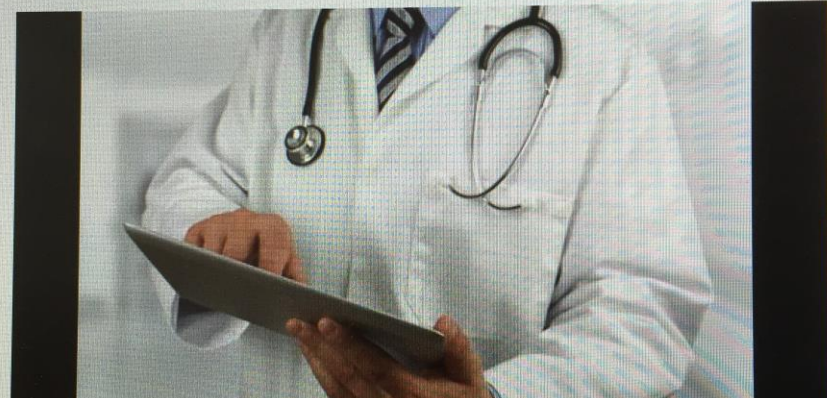


Overview of lecture

- Bullying in medical training in Ireland
- Define workplace bullying
- Benchmark with UK research
- The impact of workplace bullying
- Experiences of bullying
- Benchmark with a worst case scenario
- Research on interventions to reduce workplace bullying
- Highlight the importance of leadership
- Conclude with the leadership style needed for culture change








Bullying of trainee doctors is 'endemic'



Trainees are most likely to be bullied by a trainee at the next level/grade up from their own

Trainee doctors say nurses and doctors bully them as they're shown the ropes

A new report also found trainees who gained their medical qualification outside Ireland rated learning environments significantly more highly.

Dec 7th 2015, 3:05 PM  15,095 Views  15 Comments  Share 31  Tweet  Email 1

A NEW REPORT has found that three in ten trainee doctors are bullied at work.

Some 35% of respondents told the Medical Council they have been bullied within their training environment this year.

Half of trainees reported doctors as being the main source of the bullying they've experienced, while 36% of trainees reported nurses and midwives as being the main source.

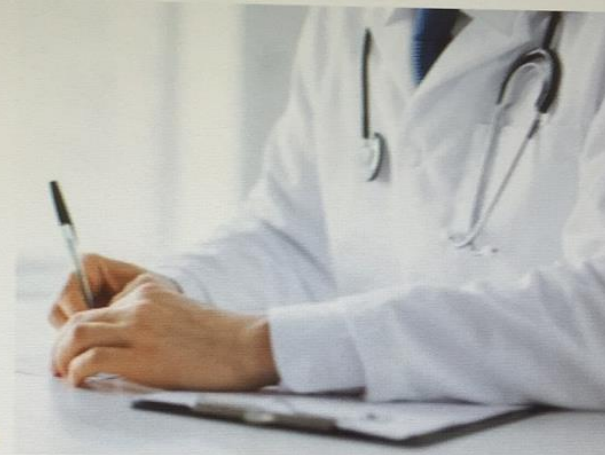


Image: Shutterstock/Syde Productions

One in three trainee doctors report bullying

Survey of junior medics finds bullying rates three times higher than the UK

Mon, Dec 8, 2014, 21:57

Ronan McGreevy



Workplace bullying in Ireland

“One third of trainees report being bullied or undermined”¹



“Interns are more likely to be bullied”¹



“mainly consultants and GPs [&nurses/midwives”¹

“particularly in surgical or medical training posts”



1. Your Training Counts, Medical Council 2017

Workplace bullying in Ireland

	2014	2015	2016
% who felt bullied in their training post	34%	35%	36%
% who felt the need for support for wellbeing	29%	29%	30%
% who felt prepared for intern year	48%	53%	51%

Interns who reported under-preparedness had poorer views of the clinical learning environment



Response rate depends on the question asked



- **36 %** of trainees who felt bullied or harassed in Ireland¹
- **25%** of UK trainees GMC NTS (2013) UK had experienced bullying or undermining
BUT
- **0.4%** GMC NTS (2017) trainees were a victim of, or witnessed bullying and undermining and wanted to report it
- **5.1%** GMC NTS (2017) were a victim or witness but did not want to report it

Defining workplace bullying

“A situation where one or several individuals **persistently over a period of time** perceive themselves to be on the receiving end of **negative actions** from one or several persons, in a situation where the target of bullying has **difficulty in defending him or herself** against these actions. We will not refer to a one-off incident as bullying”²

Focus on behaviours:



Negative Acts Questionnaire (NAQ)

Over the last six months, how often have you experienced these behaviours from other staff at work?

----- YES -----

	Never	Now and then	Monthly	Weekly	Daily
Being ignored or excluded					
Being shouted at or being the target of spontaneous anger					
Persistent criticism of your work and effort					

Benchmarking:

Workplace bullying in 7

North East Trusts in the UK (n=2950)



We asked staff to tell us whether, according to Einarsen's definition, they had been bullied by other staff in the last 6 months ³

- 20% said yes
- 16% - 20% across the 7 Trusts
- 21% named consultants
- 16% named other medical/dental staff



³ Carter *et al.* [Workplace bullying in the UK NHS: a questionnaire and interview study on prevalence, impact and barriers to reporting](#). *BMJ Open* 2013, **3**(6), e002628.

Witnessing Bullying

- 43% - said that they had witnessed bullying.
- 34% -50% across the 7 Trusts
- 52% named consultants
- 33% named other medical/dental staff ³

³ Carter *et al.* [Workplace bullying in the UK NHS: a questionnaire and interview study on prevalence, impact and barriers to reporting](#). *BMJ Open* 2013, **3**(6), e002628.

The impact of bullying:

for organisations, teams and individuals

Estimated cost of workplace bullying in the UK: **£13.75 billion**

(taking into account absenteeism, turnover and productivity; *Giga, Hoel & Lewis, 2008*)

- anxiety (*Quine, 2001*), depression (*Quine, 1999*),
- suicide ideation (*Brousse, 2008*)
- burnout (*Mathisen et al., 2008*),
- musculo-skeletal problems (*Einarsen, 1997*),
- cardiovascular disease (*Kivimaki, 2003*)
- sleep disorders (*Hansen et al., 2009*),
- PTSD (*Tehrani, 2004*),
- substance abuse (*Traweger, 2004*)
- absenteeism (*Hoel & Cooper, 2000*),
- legal costs and negative publicity (*Hoel et al., 2011*)
- medical errors (*Paice & Smith, 2009*),
- patient safety (*Kennedy, 2013*)
- quality of care (*Woodrow & Guest 2008*)



Impact of workplace bullying?

Medical & Dental trainees:

Being bullied was associated with:



- Psychological distress (GHQ-12) correlation **.51**
- Job satisfaction **.47**
- Intentions to leave job **.44**
- Sickness absence **.20³**

All correlations $p < .01$

3 Carter *et al.* [Workplace bullying in the UK NHS: a questionnaire and interview study on prevalence, impact and barriers to reporting](#). *BMJ Open* 2013, **3**(6), e002628.

Impact of bullying on bystanders?

Medical & Dental trainees:

Witnessing bullying was associated with:

- | | | | |
|-----------------------------------|-------------|-----|------------------|
| • Psychological distress (GHQ-12) | correlation | .51 | .32 |
| • Job satisfaction | | .47 | .25 |
| • Intentions to leave job | | .44 | .29 |
| • Sickness absence | | .20 | .17 ³ |



RCSEd recognise seniors in particular, have a responsibility to address behaviours and not ignore them

All correlations $p < .01$

Experiences of bullying

“I couldn’t sleep...I burst into tears at work...I just couldn’t think straight” (T18)

“It’s like a closely monitored situation that’s degrading...I hated coming to work, I absolutely hated it...” (T22)

“it’s like a drip drip drip effect...it’s like a constant worry...you are living in fear all the time and ...you feel so scared...” (T22)

“I’m really careful of what I do and say and really quite anxious about what might happen in the future” (T36)

Surgery reported higher rates of workplace bullying (RCSEd)

“I was just trying to be a dynamic assistant and retract the tissue when he hit me on my wrist with a Langenbeck retractor”

(Trainee surgeon, ID6)⁴

*“He was like what the f***k are you doing, why are you playing around with the laparoscope... this is an emergency patient that’s unwell. Why didn’t you just do it open, and he just, and he just walked away”*

(Trainee surgeon ID3)⁴



4. Kamali and Illing BMJ Open (2018, In press)



Complex: culture change

“Bullying and undermining behaviours must be tackled by addressing the health service culture as a whole”¹

1. Medical Council, Your Training Counts, 2017 p 23

Poor culture : worst case scenario



- Worst hospital care scandal of recent times
- Chronic staff shortages made worse by cuts to gain Foundation Status
- 400-1200 patients died due to poor care
- Over 900 reports from patients and families of appalling care
- Culture of fear and bullying
- Public Enquiry started in 2010 and reported in 2013 ⁵

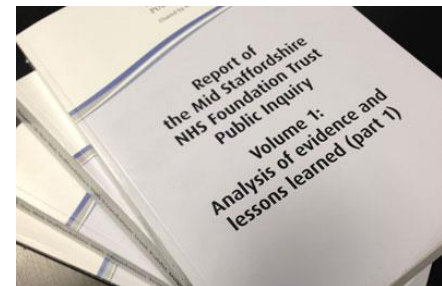
5. Francis R. *Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry. Volume 1.* London: The Stationery Office, 2013.

Francis Report (2013)

Public inquiry following failings at Mid-Staffordshire NHS Foundation Trust

- “*a bullying, target-driven management culture*” (p.123) ³
- “*culture of bullying and harassment of staff...to the extent of witnessing nurses emerging from bed management meetings in tears in fear of losing their jobs*” (p. 217) ³
- “*staff were deterred from raising concerns because of the **bullying culture***” (p. 237)³

5. Francis R. *Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry. Volume 1.* London: The Stationery Office, 2013.



Culture of bullying

In her evidence to the Inquiry, Staff Nurse Donnelly described the bullying culture that appeared to prevail in A&E for some years:

*“The culture in the department gradually declined to the point where all of the staff were **scared** of the Sisters and **afraid** to speak out against the poor standard of care the patients were receiving in case they incurred the wrath of the Sisters. Nurses were expected to **break the rules** as a matter of course in order to meet target, a prime example of this being the maximum four-hour wait time target for patients in A&E. Rather than “breach” the target, the length of waiting time would regularly be **falsified** on notes and computer records”³*

5. Francis R. *Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry. Volume 1.* London: The Stationery Office, 2013,p108.

Why was care so bad?



"A chronic **shortage of staff**, particularly nursing staff was largely responsible for the substandard care"

*"while many staff did their best in difficult circumstances, others showed a disturbing **lack of compassion** towards their patients"*

*"Staff who spoke out felt ignored and there is strong evidence that many were deterred from doing so through **fear and bullying.**"*

Given the negative culture, what percentage of staff reported bullying on NHS staff survey



2009	21%
2010	21%
2011	17%
2012	27%
2013	27%

Trainees in Ireland
2017 36%

Frances made 290 recommendations many to support culture change

- Compassion at heart
- Willful neglect - criminal offence
- The CQC ratings - patient care and safety at its heart
- Disclosure and Barring Service to prevent unsuitable staff being re-employed elsewhere.
- Protecting whistle blowers
- Increase staff numbers
- Legislation for duty of candour – a culture in which reporting and learning from mistakes is the norm

Yet, no recommendations on bullying?

“ Robert Francis QC repeatedly referred to bullying as a key driver of the toxic culture at Mid Staffordshire hospital -- yet made not a single recommendation about stopping it. Bullying was not mentioned in the Government’s response to the Francis Report.” ⁶

Research on interventions

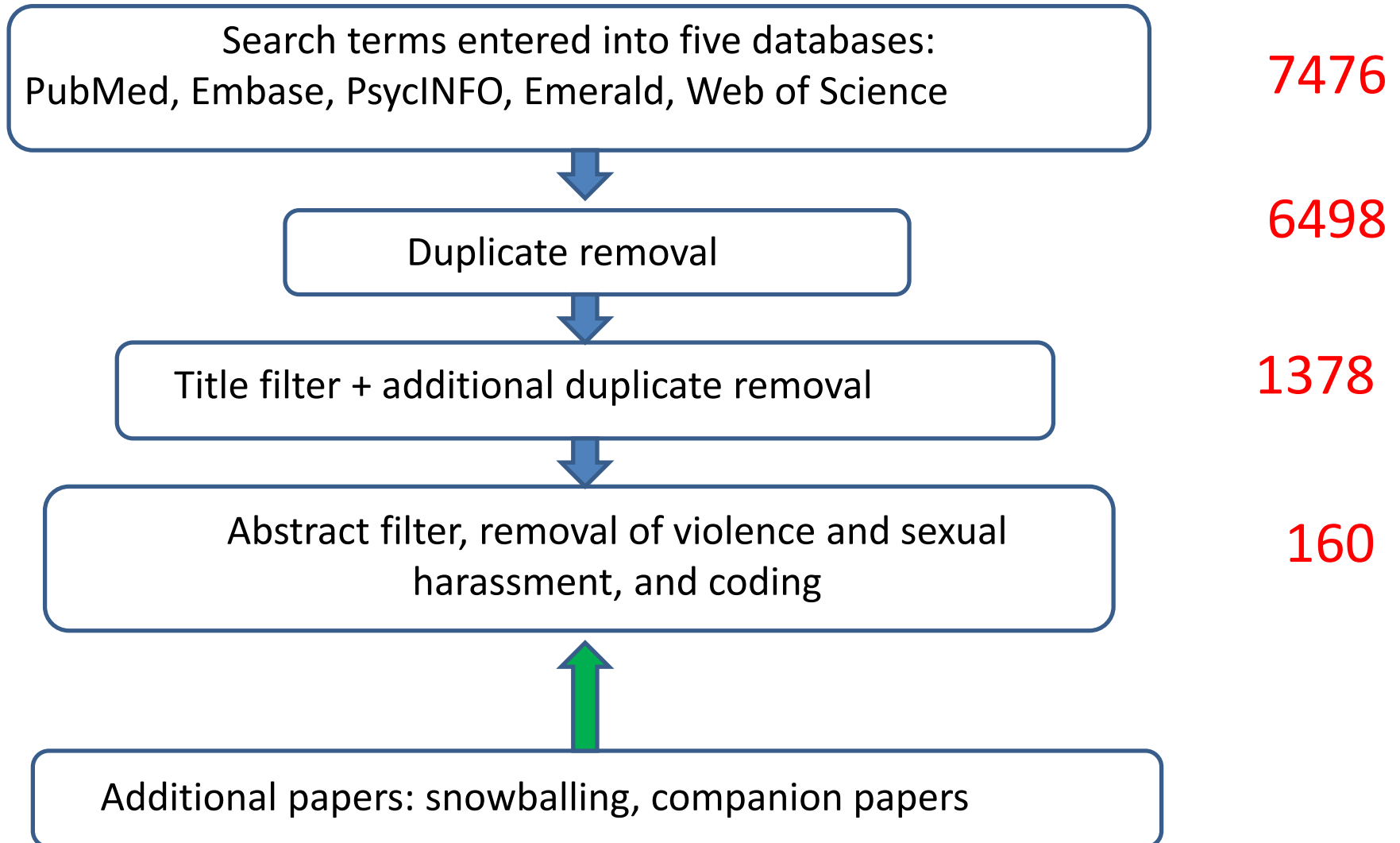
Evidence synthesis on interventions to prevent and manage workplace bullying

Method

- Systematic literature review
- Realist synthesis of evidence
- Consultation with experts and practitioners
- Good Practice case studies ⁷

7 Illing JC, Carter M, Thompson NJ, Crampton PES, Morrow GM, Howse JH, Cooke A, Burford BC. [Evidence synthesis on the occurrence, causes, consequences, prevention and management of bullying and harassing behaviours to inform decision making in the NHS, Final report. NIHR Service Delivery and Organisation programme; 2013 NHS.HMSO.](#) 2013

Systematic Search for interventions

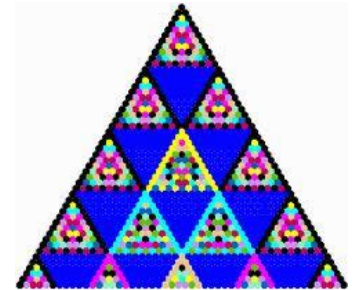


Realist Synthesis ⁸

“What works, for whom, in what circumstances, in what respects, and how?”

Focus is on identifying patterns in the data

- Consider the context of a study
- Consider the outcome
- Consider the mechanism involved e.g.. what ‘triggers’ the change



Findings: 18 types of interventions

Organisational level:

- Work climate, leadership, code of conduct, policy, monitoring, selection, formal investigations, job design

Team-Dyad level

- Teambuilding, mediation, conflict management training, multisource feedback, bystanders

Individual level

- Training, coaching/mentoring, informal support, therapeutic approaches/counselling



Important finding: leadership influenced the success or failure of interventions to reduce bullying

Organisations with lower levels of workplace bullying had
leaders who focused on the task (4 hour wait in A&E)

BUT also staff wellbeing⁹

9. Rayner and McIvor (2008) editors.
Research report on the dignity at work project.
Proceedings of the Report prepared for Amicus and DTI. 2008.



Conclusions from our realist research

Generally a lack of quality research ⁷, also echoed in a Cochrane review ¹⁰

Leadership style influences the success or failure of a workplace bullying intervention

Leadership focused on task only increased bullying, leadership also focused on staff health and wellbeing reduced it. ⁹

Interventions aimed at reducing workplace bullying were more likely to succeed if the senior leadership (CEO) was committed to reducing workplace bullying. ⁷

9. Rayner and McIvor (2008) editors. Research report on the dignity at work project. Proceedings of the Report prepared for Amicus and DTI. 2008.

7. Illing JC, Carter M, Thompson NJ, Crampton PES, Morrow GM, Howse JH, Cooke A, Burford BC. [*Evidence synthesis on the occurrence, causes, consequences, prevention and management of bullying and harassing behaviours to inform decision making in the NHS, Final report. NIHR Service Delivery and Organisation programme; 2013 NHS.HMSO.*](#) 2013 .

10. Gillen PA, Sinclair M, Kernohan WG, Bagley CM, Luyben AG. (2017). Interventions for prevention of bullying in the workplace. Cochrane Database of Systematic Reviews, Issue 1.

Recommendations

- Need robust longitudinal intervention studies ^{7,10,11}
- Focus prevention firstly on leaders
- Leaders need to **recognise bullying behaviours** and have skills to manage them
- Leaders need to be **committed** to interventions
- **Formal policies** should highlight the organisation's commitment to reducing bullying
- Proactive **monitoring** of organisational data ¹¹ (e.g. bullying prevalence, sickness, turnover, staff satisfaction) can identify patterns and outliers to help target interventions
- Training should focus on several key mechanisms:
 - developing insight into behaviour and its impact
 - creating a **shared understanding of acceptable/unacceptable behaviours**
 - developing interpersonal, communication and conflict management skills

7. Illing 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, Final report. NIHR Service Delivery and Organisation programme; 2013 NHS.HMSO.*](#)

11. Illing et al (2017) [*How does the education and training of health and social care staff lead to patient benefit: a realist synthesis Report for Department of Health.*](#) 10. Hodgins M, Mac Curtain S, Mannix-McNamara P. (2014). Workplace bullying and incivility: a systematic review of interventions. International Journal of Workplace Health Management, 7(1), 54-72

What are we aiming for?

A leadership style to support culture change

*“Compassionate leadership enhances the intrinsic motivation of staff and reinforces their fundamental altruism. It helps promote a culture of learning where risk taking is accepted within safe boundaries, and where there’s an acceptance that not all innovation will be successful. **Diametrically opposite to cultures of blame and fear and bullying**”¹*



What is compassionate leadership?

*“Leadership that creates:
psychological safety,
supportiveness,
positivity and
empathy”* ¹²



What are the benefits?

*“supportive teams with compassionate team leadership have **lower areas of errors, stress, injuries, bullying and harassment** whether from colleagues or from staff towards team members, and in the acute sector lower levels of patient mortality, and in turn that creates the conditions for higher levels of innovation” ¹²*



12. West M (2017) Kings Fund lecture 2017

Jim Mackey CEO of Northumbria led culture change on 2000s

Ongoing task

Conclusion 1

- Bullying that is ***endemic throughout the system*** requires **culture change** – ongoing process, crisis highlighted it in the UK!
- Bullying should be **named and talked about** by seniors
- The costs and consequences of **bullying are not affordable**
- **Your trainee levels of bullying are high** (heed exact item wording (i.e. GMC NTS) and reference period (eg 12 months))
- Your **intern data indicates a lack of preparedness** for practice (or/and unreasonable service demands)
 - You can work on that! more learning on the job
 - Learn about the behaviours experienced?
(Negative Acts Questionnaire)

Conclusion 2

- There is a need for **robust longitudinal intervention** studies –you can do that!
- Our realist synthesis highlighted the importance and **commitment of leaders** to the success of interventions
- Also another realist study highlighted the importance of **ongoing monitoring** following an intervention to support a change in behaviour
- Finally I presented a vision of **compassionate leaders** who are *supportive and positive* and create supportive teams which produce patient benefit - such as lower mortality.

Thank You!

Questions

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