Can we create positive workplaces and eliminate bullying in the NHS?

Chair: Jon Restell
Chief Executive, Managers in Partnership

Dr Madeline Carter
Senior Research Associate, Centre for Medical Education Research at Newcastle University

Jon Lenney
Director of Workforce and Organisational Development, Pennine Acute Hospitals NHS Trust

@nhsc_conference #confed2016
### Today’s session

<table>
<thead>
<tr>
<th>Time</th>
<th>Session Details</th>
<th>Speaker</th>
</tr>
</thead>
<tbody>
<tr>
<td>0900 – 0910</td>
<td>How would a positive NHS without bullying look and feel?</td>
<td>Warm up</td>
</tr>
<tr>
<td>0910 – 0915</td>
<td>Tackling bullying and harassment in the NHS – taking action in partnership</td>
<td>Jon Restell</td>
</tr>
<tr>
<td>0915 – 0930</td>
<td>Preventing and managing workplace bullying</td>
<td>Madeline Carter</td>
</tr>
<tr>
<td>0930 – 1000</td>
<td>What will we do differently ... in the system and in our own organisation?</td>
<td>Jon Lenney</td>
</tr>
</tbody>
</table>
Before we begin...

Imagine a future in which the NHS has extremely low levels of bullying.

How do individuals feel?

What do they see/do?

What do our organisations look like?
Tackling bullying and harassment in the NHS – taking action in partnership

Jon Restell, Managers in Partnership
Why take action?

• Persistently high levels of bullying in the NHS (over 20% in last four NHS staff surveys)
• Existing approaches are not tackling the problem
• Bullying is a key component of discrimination
• Personal well-being & organisational effectiveness impaired (see Carter Review)
• Negative impact on patient care & safety
Bullying matters to patient care

• International research points to negative impact for patients:
  – Unsafe culture
  – Distraction from clinical tasks
  – Errors
  – Withdrawal
  – Burnout
  – Reputation
  – Lack of retention
When we tolerate disrespectful behaviour, staff are less likely to ...

• Admit mistakes
• Raise concerns
• Work effectively in teams
Getting the ball rolling

• Ben Gummer’s challenge to the social partners, autumn 2015
• Work by SPF’s workforce issues group (WIG)
• NHS Employers’ seminar, 17 Dec 2015
• Ministerial roundtable, 26 Jan 2016
• SPF endorses taking action in partnership – there is common ground
Principles for taking action

• Organisations take control and set own ambitions (no top down instruction)
• Positive vision of the workplace
• Leadership, accountability and measurement are essential (as well as policies and training)
• Multi-level approach: system, organisation, person
• Organisational interventions as important as individual action
Proposed pledge

We, the Board and staff representatives of [xxx], will enable an open learning culture across the organisation. We commit to building a workplace where all staff are trusted, respected and supported; where bullying and harassment is tackled, not tolerated; where positive behaviours are encouraged and modelled; and where staff are supported to respectfully challenge negative behaviour.
Proposed pledge contd

Our ambition is to reduce our NHS Staff Survey bullying and harassment score from [%] in 2015 to [%] by 2020 and [%] by 2025. The Board and TU partners will review progress at least every six months starting from [date]. We will give all staff regular updates and include how we are doing in our annual report.
Next steps

• Pledge in the autumn
• Benchmarking tool
• Signposting to resources
• Making connections with other policy areas

What would help you and your organisation?
Research Evidence: Preventing and managing workplace bullying

Madeline Carter

Jan Illing, Neill Thompson, Paul Crampton, Gill Morrow, Jennifer Howse, Andrew Cooke & Bryan Burford

This project was funded by the National Institute for Health Research Health Services and Delivery Research (NIHR HS&DR) programme (project number 10/1012/01).

The views and opinions expressed therein are those of the authors and do not necessarily reflect those of the HS&DR programme, NIHR, NHS or the Department of Health.
“Certain consultants undermined junior members of the team, belittling their efforts, were sarcastic and made junior staff feel worthless...Minimal teaching but maximal criticism”

“Myself and other juniors would delay making a referral to other specialties for fear of ridicule [or] aggression”

“I have performed serious prescription errors due to bullying...It affected my performance badly and affected patient care.”

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

“This is the first time in my professional life that I’ve felt I’ve been in an organisation of lies and bullying, where people are frightened about what to do and what to say.”
The Challenge

• Persistent problem (bullied, witnessed)
• Significant barriers to reporting bullying
• Management lack of action
• High pressure environment
• Organisational change

• Lack of intervention studies
  – Difficult, complex problem, need multi-level approach, hard to isolate effect of intervention
  – Limited evaluation data
Evidence Synthesis

• Systematic literature search
• Realist synthesis of evidence
• Consultation with experts and practitioners
• Good practice case studies
Findings: Interventions

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

Team Level
Teambuilding, mediation, conflict management training, multisource feedback, bystanders

Individual Level
Training, coaching/mentoring, informal support, therapeutic approaches/counselling
Work Climate and Leadership

• Poor work climate associated with bullying, low work engagement, health problems, stress (Law et al, 2011; Dollard et al, 2010)

• Whether bullying occurs is in part shaped by the culture...
  – Can they get away with it?
  – What would happen if they were found out?
  – Is this acceptable behaviour round here?
  – Is performance rewarded regardless of how it is achieved? (Rayner & McIvor, 2008)

• Leaders affect culture and define acceptable behaviour by:
  – Role-modelling, rewarding, condoning, ignoring and punishing behaviours (Resch & Schubinski, 1996; Rayner & McIvor, 2008)

• Leaders critical for intervention success
<table>
<thead>
<tr>
<th>Effective Organisations (Rayner &amp; McIvor, 2008)</th>
<th>Ineffective Organisations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recognised bullying is organisational issue; owned problem</td>
<td>Saw bullying as conflict between individuals; a personality clash</td>
</tr>
<tr>
<td>Proactively analysed data</td>
<td>Poor measurement, lack of collation/monitoring of data</td>
</tr>
<tr>
<td>Anticipated negative behaviours but dealt with them quickly and informally</td>
<td>Only aware of formal grievances</td>
</tr>
<tr>
<td>Equipped managers with skills needed to effectively manage conflict (especially if new to the grade)</td>
<td>Managers lacked skills and willingness to deal with problems</td>
</tr>
<tr>
<td>Recognised strong business case for addressing bullying (turnover, absence, etc)</td>
<td>Business case not made; metrics not available/collated</td>
</tr>
<tr>
<td>Top management ‘walked the walk’: role-modelled positive behaviours and challenged inappropriate behaviours</td>
<td>Senior managers avoided, covered up or excused bullying</td>
</tr>
<tr>
<td>Senior leaders engaged with staff – aware of issues early and proactively resolved</td>
<td>Senior leaders not visible to staff</td>
</tr>
</tbody>
</table>
Bullying Policy

- Some evidence of bullying reduction when part of a broader ‘zero tolerance’ approach (Pate & Beaumont, 2010; Meloni, 2011)
- Requires active management support, publicity, strategic approach (training, support officers)

Monitoring

- Use data to measure and monitor bullying and related outcomes
- Many tools available (eg, NAQ-R, BRAT, PSC, Quine)
- Little direct evidence on use as an intervention, although often part of broader interventions
- **Case study: O&G specialty school**
  - Used ongoing monitoring and feedback, with public benchmarking and expectation of action
  - Trends of reduced bullying in problematic work units
Mediation

- **Positive outcomes in US discrimination cases** *(Bingham et al., 2009; McDermott et al., 2000)*

- **Agreement success varies** *(Jennings & Tiplady, 2010; Podro & Suff, 2010)*
  - Long-term agreement success unknown

- **Mixed views on whether mediation is suitable for bullying:**
  - Power imbalance *(Saam, 2010)*, psychological fragility *(Ferris, 2009)*
  - Perceived as useful with positive impact on interpersonal relationships *(Latrielle et al., 2010)*
  - Suitability depends on stage of conflict
  - Competence, training, judgement, experience of mediator, knowledge of bullying

- **Address the causes and work environment, or risk reoccurrence of conflict** *(Jenkins, 2011)*
Training

• Bullying decreased and bullies challenged following **cognitive rehearsal training** (Griffin, 2004; Stagg et al., 2011)

• In RCT, no clear results for **stress management** or **negative behaviour awareness training**, but positive trends (Hoel & Giga, 2006)

• Some positive outcomes for **team training**:
  – Turnover (Latham et al, 2008), **group cohesion** (Barrett et al, 2009), practical solutions to conflict-triggers (Stevens, 2002)
  – No explicit evidence of reduction in bullying
Conflict management training

– Improved conflict management skills (Leon-Perez et al, 2012) and work relationships (Zweibel et al, 2008)

– Non-significant reduction in bullying behaviours following manager training (Leon-Perez et al, 2012)

Assertive communication skills + bullying awareness training (Ceravolo et al, 2012)

– Series of workshops for 4000 nurses over 3 years

– Trained managers first as role models, focused on high turnover units

– Reduced bullying behaviours, improved work environment (communication, respect), reduced turnover (9% to 6%) and vacancy rates (9% to 3%)
Drama-based training case study

- Evidence of reduction in bullying, increased confidence to intervene, awareness of negative behaviours and impact
- Context: New HR Director made tackling bullying a priority, senior leaders trained first to encourage participation

Effective training was relevant and aimed to...

- Develop a common understanding of bullying
- Increase awareness of impact of negative behaviours and encourage monitoring of own behaviours
- Empower staff to challenge bullying
- Increase confidence to challenge through practice in safe environment
- Train a critical mass of staff or focus on managers

Context: Leadership support and role-modelling
Informal/Peer Support

Bullying & harassment advisors, confidential counsellors, peer support officers

- Volunteer staff trained to listen, offer confidential support, and signpost to further help (Hubert, 2003; Rayner & McIvor, 2008)
- Initial increase in complaints as well as informal resolution (Rains, 2001)
- Increased employee belief that organisation took bullying seriously (Rains, 2001)
- Case studies highlighted importance of:
  - Quality training, publicity, confidentiality, monitoring/feedback loop for organisation
Example: Anti-bullying strategy

**Organisational Level**
- Medical Director message to trainee doctors
- Trainee induction
- New bullying policy/guide for trainees
- Active ‘Local Faculty Groups’ (LFGs) discuss education and bullying issues
- Directors of Medical Education to visit all LFGs
- Communications strategy

**Team Level**
- Targeted development work with units with bullying issues

**Individual Level**
- Training, support & coaching for consultants
- Resilience training for trainees
Conclusions

• Intervention success depends on key contextual factors
  – Leadership engagement and support

• Limited evidence base

• Some evidence of positive outcomes, but often small samples or case studies
12 Recommendations

1. Recognise bullying is an **organisational issue**, not just a conflict between individuals

2. **Be proactive**: monitor data, look for issues, respond promptly, target interventions

3. **Multi-level, strategic approach**:  
   – Use interventions at the organisational, team and individual levels to prevent and manage bullying, and offer support to targets and accused

4. **Embed in existing practices**: recruitment, selection, induction, training, leadership development, promotion, performance appraisal, reporting to Trust Board
12 Recommendations

5. Focus efforts on leaders and managers: they can challenge behaviours, intervene early, role model positive behaviours, offer structural support, and are critical for intervention success

- Select and train leaders to recognise and manage bullying:
  - Anti-bullying statement in recruitment material
  - Include conflict management skills and willingness to intervene (at early stage) in job descriptions
  - Ask related interview questions
  - Offer interpersonal skills training
  - Ensure managers take action if bullying is reported
  - Raise awareness of the impact of failure to intervene

- Ensure leaders are committed to intervention success
12 Recommendations

6. Establish a **policy** to outline the organisation’s commitment to tackling bullying.
   – Enforcement should be consistent, fair and apply to all staff
   – Linking to a code of conduct with positive and negative behaviours

7. Address **job design** and **work environment** issues:
   – Ask staff to identify problems and to generate solutions

8. **Formal investigations** should be timely and conducted by trained, independent staff

9. Consider **mediation**, but be aware of its limitations
12 Recommendations

10. Deliver **effective, relevant training** to a critical mass of staff, or focus on leaders/managers
   – Link training attendance to promotion or appraisals

11. Use interventions that ... 
   – Increase **insight** into behaviour and impact on others
   – Create a **shared understanding** of acceptable/unacceptable behaviours
   – Develop interpersonal and conflict management **skills** through practice
   – **Empower** staff to challenge bullying
   – Generate **practical solutions** to conflict

12. **Keep going!**
   – Energy, drive and ongoing commitment
What will we do differently ... in the system and in our own organisation?

Jon Lenney, Pennine Acute Hospitals
NHS Trust
What would you like to see changing in the wider system?

What can we do differently in our own organisations?
j.restell@miphealth.org.uk
jon.lenney@pat.nhs.uk
madeline.carter@ncl.ac.uk