

Bullying and Harassment Digital Stories: A Facilitators' Guide

NHS England and NHS Improvement



Bullying and Harassment Digital stories: A Facilitators' Guide

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Background and Context

'The stories we tell each other are like the DNA of care, transmitting information and shaping cultures, offering learning opportunities and, sometimes, healing.' -
www.patientvoices.org.uk/dnaoc.htm

The intention is that the stories will be used to help other people understand the reality of working in healthcare so we may all learn from experiences, both good and bad; sharing stories in this way helps contribute to healthcare that is safer, more dignified, more humane and more compassionate for everyone.

There is strong correlation between positive staff experience and improved patient care. Put simply, staff and patient experience are two sides of the same coin. As Atticus Finch said:

'You never really understand a person until you consider things from his point of view - until you climb into his skin and walk around in it.' - Chapter 3 of To Kill a Mockingbird

We hope that by viewing these stories you can get this kind of perspective.

Bullying and Harassment in the workplace

1.1 Definitions

The Advisory, Conciliation and Arbitration Service (ACAS) defines bullying and harassment as:

Harassment is unwanted conduct affecting the dignity of men and women in the workplace. It may be related to age, sex, race, disability, religion, sexual orientation, nationality or any personal characteristic of the individual, and may be persistent or an isolated incident. The key is that the actions or comments are viewed as demeaning and unacceptable to the recipient. Harassment is unlawful under the Equality Act 2010.

Bullying may be characterised as offensive, intimidating, malicious or insulting behaviour, an abuse or misuse of power through means intended to undermine, humiliate, denigrate or injure the recipient. Bullying or harassment may be by an individual against an individual (perhaps by someone in a position of authority such as a manager or supervisor) or involve groups of people. It may be obvious, or it may be insidious. Whatever form it takes, it is unwarranted and unwelcome to the individual.

The following are some examples of bullying or harassing behaviours:

- physical or verbal abuse that directly attacks or ridicules a colleague
- inappropriately criticising or humiliating a colleague in front of patients or colleagues
- regularly ignoring a colleague and excluding them from meetings or events.

- making derogatory comments or offensive jokes about women, disabled people or people of a particular race or faith background, sexual orientation or age
- inappropriate touching, sexualised comments or trying to elicit sexual favours through threats or promises
- using threats (e.g. about job security or patient care) to get someone to comply with work demands
- setting someone up to fail by overloading them, giving inadequate support and blaming them for failure afterwards
- constant criticism, excessive scrutiny and micro-management of tasks.

Sometimes a response to an accusation of bullying by a manager or more senior colleague is that they were just managing performance.

However, an effective manager will:

- clearly communicate what is expected in advance
- apply performance standards in a fair and consistent way
- discuss any performance issues in private with the relevant members of staff
- give constructive feedback and set out the necessary steps for improvement
- be willing to listen and understand what may lie behind any performance problems
- provide appropriate support and opportunities to improve before taking further action.

An effective manager should not:

- constantly change the goalposts
- be inconsistent in how they deal with performance issues or show favouritism
- criticise, humiliate or undermine staff in public
- jump to conclusions and seek to blame others for failures
- immediately threaten or take disciplinary action without first offering appropriate support and a chance to improve.

1.2 Extent of Bullying and Harassment

The latest NHS Staff survey shows that one in four NHS staff are reporting bullying or harassment by another member of staff. Bullying and harassment causes stress and can result in physical and mental health problems. It damages morale and undermines team work, leading to poor performance. Ultimately, bullying someone puts patient care and safety at risk.

On 31 October 2018, the British Medical Association (BMA) published a report called “Bullying and harassment: how to address it and create a supportive and inclusive culture”. The report revealed the findings of a survey which showed two in five of the nearly 8,000 BMA members who responded, believed bullying and harassment is a problem in their workplace.

The results of the NHS Staff Survey in England show:

- Disabled staff in the NHS are the most likely to experience bullying or harassment (32%)
- followed by Lesbian Gay Bisexual and Transgender staff (27-30%)
- Black staff and those from some other minority ethnic groups are more likely to be targeted than white staff (24% of Black and Minority Ethnic staff as a whole compared to 22% of white staff)
- women are slightly more likely to be on the receiving end than men (23% compared to 21%). However, other research shows that women doctors are significantly more likely to suffer sexual harassment in their careers than men.

1.3 Causes and Impact of Bullying and Harassment

Sir Ron Kerr (2018) has led a review of the challenges faced by executive leaders in the NHS. The review suggests that there is a negative working culture in which both bullying and discrimination are prevalent and accepted. Evesson (2015) comments in a policy discussion paper for ACAS on effective approaches for dealing with workplace bullying: ‘traits associated with bullying may not be displayed unless brought to life in workplace environments in which the behaviour is ignored, tacitly encouraged, or seen as positive’.

Bullying and harassment can impact on patient safety. The Francis Inquiry into the failings of the Mid-Staffordshire NHS Foundation Trust published in 2010 identified a link between the bullying behaviours of some managers and senior staff at the Trust and the culture of fear that compromised patient care and safety and prevented staff from raising concerns.

Bullying and harassment causes stress and can result in physical and mental health problems. It damages morale and undermines team work, leading to poor performance.

Someone who is bullied or harassed at work is likely to experience one or more of the following:

- anxiety
- difficulty sleeping
- loss of appetite
- inability to switch off from work
- self-doubt, loss of confidence
- feeling isolated
- hyper-vigilance or a need to constantly double-check their work.

A paper by Verkuil, Atasayi and Molendijk (2015) combines data from 65 studies on workplace bullying and mental health. The analysis suggests that workplace bullying is positively related to depressive, anxiety, and PTSD symptoms and stress-related psychological complaints.

Organisational costs of Bullying and Harassment

Researchers led by the University of Leicester analysed survey data showing that 21% of mental health workers had been bullied and 8% discriminated against by their managers in the previous year. Of these, 86% had gone sick in the year before the survey for an average of 11 days in total. By contrast 74% of staff who had not been bullied or discriminated against took time off, for an average of eight days over

the year. This means that bullying and discrimination is linked to a 37% increase in time off.

Lewis and Kline used data from NHS Digital to gauge the impact of bullying on sickness absence, employee turnover, productivity, sickness presenteeism, and employment relations. The financial cost of each of those factors was then combined to produce the overall figure of £2.281 billion per year. Of each individual component, sickness presenteeism was estimated to have the biggest financial impact. Described as the productivity lost when staff continue to come to work while being bullied, and are more prone to making mistakes, presenteeism due to bullying was estimated to cost £604.4 million - double the cost of sickness absence because of bullying.

1.4 Tackling Bullying and Harassment

The Illing report was published in 2013 and provides a comprehensive literature review of Bullying and Harassment research. The report concluded that tackling bullying at an organisational level starts with a focus on senior leadership.

Organisations should establish cultures in which bullying and negative behaviours are challenged through implementing interventions that aim to prevent bullying before it occurs, manage bullying as it occurs, and offer support to help targets recover and bullies to change their behaviour. Interventions designed to increase insight into the perspectives of others, develop conflict management and communication skills, and instil personal responsibility to challenge negative behaviours (e.g. through training) are also likely to contribute to an anti-bullying culture and develop skills that enable managers and employees to avoid conflict escalation.

The Social Partnership Forum's tackling bullying in the NHS: a collective call to action, was signed in December 2016 by NHS Employers, Department of Health and Social Care (DHSC) and UNISON.

The call to action invites all NHS organisations to:

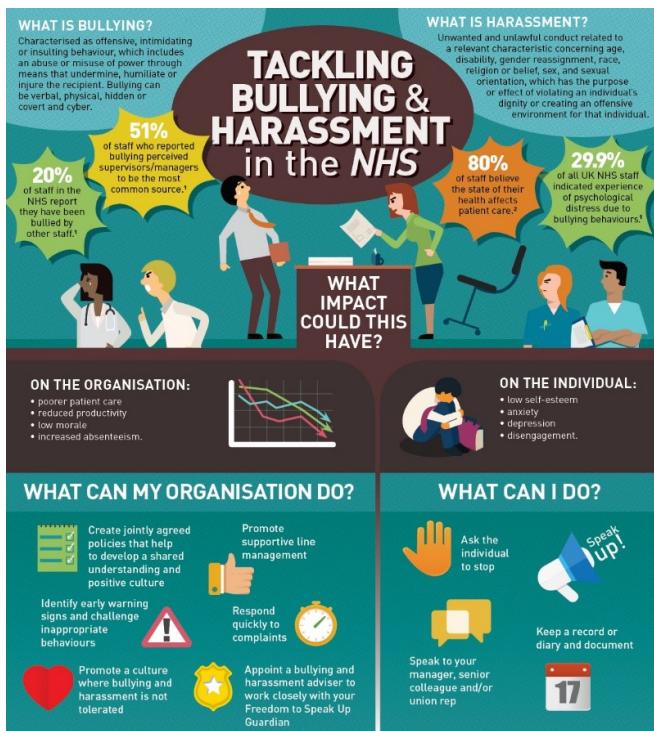
- achieve the overarching leadership and cultural change to tackle bullying
- support staff to respectfully challenge problem behaviours
- publish their plans and progress so staff, patients and the public can hold them to account.

SPF is supporting partnership action:

- by system leaders led by DHSC and NHS Improvement
- by organisations supported by NHS Employers and Care Quality Commission
- by individuals and teams supported by unions working with their members.

1.5 Resources

The Health, Safety and Wellbeing Partnership Group (HSWPG) has created an infographic to show the impact of bullying and harassment in the NHS, and what can be done by organisations and individuals to tackle it.



A list of web-based resources to support the tackling of bullying and harassment is indicated below:

BMA: How to address bullying and harassment at work

<https://www.bma.org.uk/advice/work-life-support/your-wellbeing/bullying-and-harassment>

Civility saves lives: a campaign to raise awareness of the power of civility in medicine

<https://www.civilitysaveslives.com/>

Mind: How to be mentally healthy at work

<https://www.mind.org.uk/information-support/tips-for-everyday-living/workplace-mental-health/workplace-relations/#.XLWa2CouUk>

NHS Employers: Tackling bullying in the NHS

<https://www.nhsemployers.org/your-workforce/retain-and-improve/staff-experience/tackling-bullying-in-the-nhs>

Royal College of Surgeons of Edinburgh: Anti-Bullying and Undermining campaign

<https://www.rcsed.ac.uk/professional-support-development-resources/anti-bullying-and-undermining-campaign>

Social Partnership Forum Call to Action: Creating positive workplace cultures and tackling bullying in the NHS – a collective call to action

<https://www.socialpartnershipforum.org/priority-areas/creating-positive-workplace-cultures-and-tackling-bullying-in-the-nhs-a-collective-call-to-action/>

Bullying and Harassment Digital Stories

2.1 The power of stories: the DNA of Care

'Just as care in the NHS is free at the point of need, NHS staff carry within them a vast reservoir of expertise and experience that is free at the point of telling: their unspoken, unheard stories of care and caring. The intertwined relationship between patient care and staff well-being has been likened to the double helix. And so the stories we tell each other are like the DNA of care, transmitting information and shaping cultures, offering learning opportunities and, sometimes, healing.'

www.patientvoices.org.uk/dnaoc.htm

In the first half of 2016, NHS England funded five Patient Voices® workshops for staff to create their own digital stories about working in healthcare. The intention is that the stories will be used to help other people understand the reality of working in healthcare so we may all learn from experiences, both good and bad; sharing stories in this way helps contribute to healthcare that is safer, more dignified, more humane and more compassionate for everyone. In 2018-19 two workshops focused on Equality and Diversity and one workshop focused on bullying and harassment.

The DNA of Care digital stories have been used in a wide variety of ways and evaluation indicates that they highlight important issues in an impactful way. They have been used in Trust training and induction events, at local, regional, national and international conferences, in multi-disciplinary team meetings, in workshops, as part of reflective activities, in care homes, in digital Schwartz Rounds, as a means of exploring professionalism and values, and in other ways that we don't even know about. Viewers of the stories are reminded of our humanity and our connection, while the storytellers themselves experienced the process of creating their stories as therapeutic, reflective, fulfilling and positive.

2.2 List of Bullying and Harassment stories

You may find the following DNA of Care digital stories useful as inspiration and/or as prompts for reflection and discussion. Please feel free to show them from the [Patient Voices website](#) or use the [slide packs](#) that accompany these notes.

It's a good idea to watch the stories before you present them to others so that you can select the most appropriate story or stories for your audience and your purpose. The stories can affect different people in different ways so you may wish to consider giving a general trigger warning such as 'Many of these stories are very emotional and we are aware that they may trigger strong feelings.'

Just Maybe

A new job and a new colleague leave Chris shaking and fearful of going in to work. A continuous regime of belittling, sniping, shouting, and laying traps eventually drive Chris to fury and, eventually, to taking his frustration out on the cat. Now, as a Union rep, he is able to offer support to others facing unfair behaviour.

Diagnosis

When Elsie, a member of staff, behaves oddly, is bullied and eventually faces disciplinary action Martin, the union representative, realises all is not as it seems. His previous experiences lead him to ask for an assessment, and Elsie is discovered to have Autism, Dyslexia and Asperger's. Attitudes towards her and her behaviours change, support is put in place for her – and the bullying stops. Union support, and the Equality Act 2010 may have helped Elsie – but what of all the other Elsie's out there?

Betrayed

Amanda is a committed, caring midwife, dedicated to improving outcomes for mothers and babies in her care. Eventually, her experiences lead her to leave the profession she loves.

Rise above it

Throughout her life, Deborah has tried to 'rise above it' when she's been treated unkindly. But when unfair treatment at work makes her life a misery, Deborah loses confidence, dreads going in to work and becomes ill. Gradually, with time, professional support and medication, she is able to recover her sense of self, return to work and 'rise above it'.

Choice

Jo was used to hierarchy and a command and control approach, but when she speaks up, raising concerns about patient safety, she is silenced by management; her words unheard, policies ignored. After a 30 year career in the NHS, her self-esteem and confidence disappear and she becomes seriously ill.

Rescue remedy

Once a culture of bullying and harassment takes root in a team or organisation, whether through cultural change or new management approaches, it can become insidious and difficult to uproot. Naomi was one of several colleagues in her team bullied by one line manager. The behaviour was long-term and eventually caused a grievance to be raised. The bullying not only affected Naomi's mental health, but also had a knock-on effect on her family. Recovery is possible, but it takes support, understanding and time.

2.3 Questions for reflection, discussion and debate

The following questions are suggestions – please do feel free to ask questions that occur to you or that may be more relevant to the session you are delivering.

1. How might these stories relate to the quality of patient care, satisfaction and outcomes?
2. How do the stories illustrate the impact of bullying and harassment in the workplace?
3. How might these stories be used to support initiatives to reduce the impact of bullying and harassment in the workplace?
4. How do these stories illustrate the impact of bullying and harassment in the health and wellbeing of individuals and their loved ones?
5. How do these stories/this story connect with your own values or the things that really matter to you?
6. What three things do these stories focus our attention on, in terms of what we should do next?
7. Having seen “Diagnosis”, how could trade unions better support individuals facing bullying and harassment?
8. Having seen “Rise Above it” and “Choice” how can organisations support and listen to concerns raised by individuals experiencing bullying and harassment?
9. Having seen “Betrayed” what can organisations do to retain staff who face bullying or harassment?
10. How might these stories encourage leaders to tackle bullying and harassment in the workplace?

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