

Bullying and harassment in the NHS – King’s PSSQ project summary

Overview:-

Levels of staff bullying are high in the NHS, even though this is incompatible with a service that promotes treating staff and users with respect. Moreover, being bullied or harassed can cause staff to fall ill or burn out and affects their ability to care for patients.

We wanted to find out what gives rise to bullying in hospitals that appear to be doing their best to reduce it, for example, through ‘zero tolerance’ approaches and support for staff such as helplines, mediation and counseling. We also wanted to use this information to suggest practical ways to cut bullying.

We interviewed staff in an acute teaching hospital and a mental health trust in London to find out about their experiences of being bullied or witnessing bullying, including how and why they felt it had happened and what was done to try to resolve it. We also analysed staff grievance files and the bullying and harassment policy in the acute hospital and both organisations’ results from a national NHS staff survey.

Recommendations arising from our research include:-

- A zero tolerance policy - stating that bullying is unacceptable - needs to be promoted via an awareness campaign.
- New or transferring staff should get help on the ground to integrate in their teams.
- Problems between staff should be tackled informally before they escalate. Line managers should be trained in resolving conflicts. Mediation should be available.
- Clear information, including the bullying policy and instructions on what to do if bullied, should be regularly promoted at all levels, for example, during inductions and at team briefings.
- Staff should get regular and compulsory bullying and harassment awareness training.
- Investigations into bullying should be streamlined and swift action taken, including where conflict is being tackled informally. Staff who have been part of an investigation should be told the outcome.
- When services are reorganised, affected employees need to be fully briefed, including on their new roles.
- Line managers should work near their teams.

The Director of Human Resources at the mental health trust said; *“We have found this research fantastically useful. PSSQ research has shown that we tick all the boxes: we have all the right policies, procedures and interventions. But what shines through clearly here is how critical is management buy-in. Thanks to the research, we will focus our energies on training our managers and equipping them with the appropriate skills to deal with this complicated issue.”*

We have outlined the following priorities for future research:-

- Ways of combating bullying need to be devised, based on what research shows actually causes the problem. The complex nature of modern hospitals, including the many different professions working in them, needs to be taken into account. If harsh behaviour, for example, is accepted by the medical profession as part and parcel of junior doctor training, that ingrained attitude needs to be targeted. This probably makes a ‘one size fits all’ approach unworkable.
- Researchers should focus on how anti-bullying methods are actually put into practice and how well they work - not merely the fact that they exist on paper.