BMA findings and recommendations

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Figure 1: Is there a problem with bullying, undermining or harassment in your main place of work? (All UK working doctors)

- Yes, often: 55%
- Yes, sometimes: 29%
- No: 6%
- Don't know: 10%
The impact

‘It affected my family. I lost sleep. I lost confidence with my behaviour and my clinical decision-making’ **SAS doctor**

‘Bullying and harassment occurs on a monthly basis where I work. It’s so bad that I can’t even begin to explain. I consider leaving medicine on a regular basis.’ **Doctor**

‘I struggled to function, felt physically sick, emotionally broken. I used to cry on the way to work.’ **Former GP trainee**
Ending the silence

Supporting staff to speak out against bullying and harassment
The problem

- Bullying and harassing behaviours become normalised and part of workplace culture.
- Problems in the workplace not revealed and addressed.
- Individuals not supported to speak out.
The problem

‘The daily beratings increased in severity to the point where I’d break down and cry. He asked me three times: ‘Do you think I am bullying you?’ I felt pressured. I said, no.’

Former GP Trainee

I am middle-aged, white, highly successful, not someone who many would consider to be ‘at risk’ but I’ve suffered much distress.’

Consultant

‘I was told to ‘F’ off in the presence of two senior registrars and one consultant. They all pretended it didn’t happen. None of them stepped in to say this was inappropriate. The person never apologised.’

Specialty trainee
What needs to be done

- Talk about behaviours and improve understanding of what bullying or harassment are

- Make sure there is a designated person that people can discuss bullying or harassment concerns with informally and in confidence

- Improve awareness and reach of Freedom to Speak Up Guardians

- Use anonymous surveys and other feedback sources to assess the prevalence and nature of bullying and harassment concerns

- Encourage bystanders to be more active

- Give people tools to challenge effectively
Improving the resolution of problems

Resolving complaints and improving responses to bullying and harassment
The problem

‘I was pinned to a wall by the throat by an emergency medicine consultant...When I reported this to my surgical consultant, I was told not to make trouble: it might affect my references.’

Trainee doctor

‘It seems easier to cut the string by the thinnest part and blame the one raising the concerns.’

Doctor
What needs to be done

– Improve how formal complaints are investigated and handled in practice in the NHS

– Ensure access to alternative means of resolution, such as mediation, where appropriate

– Encourage and enable early intervention to tackle low-level, unprofessional behaviour before it escalates to bullying or harassment
Creating a more supportive and inclusive culture

Changing culture to become supportive and inclusive and recognising the need to address system pressures
The problem

Working in a highly pressured system

Unsupportive leadership and team structures

Ineffective responses to bullying and harassment

Incivility, bullying and unsupportive workplaces
The problem

Figure 2: Why do you think there is or may be a problem with bullying, undermining or harassment in your main place of work? (All UK working doctors who say there is a problem or don't know)

- People are under pressure: 65%
- Difficult to challenge as behaviour comes from the top: 58%
- People who are bullied undermined or harassed are too afraid to speak: 48%
- Colleagues do not speak up when they see others being bullied, undermined or harassed: 46%
- Lack of management commitment to deal with it: 43%
- Inadequate people management training for managers and supervisors: 39%
- Lack of clarity about what is acceptable behaviour: 31%
- Lack of adequate or unclear procedures to report and deal with it: 21%
What needs to be done

– Alleviate the system pressures and take steps to support the development of positive working relationships

– Display compassionate leadership from the very top and develop it throughout the NHS system

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

– Provide more 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
What’s next?
Our behaviour principles:

- Be professional
- Be accountable
- Be kind
- Be representative
- Respect others