


To Focus on 'Bullying' is to be Side-Tracked



A study of negative behaviours
between staff within two primary
care trusts in the NHS

MSc in Human Resource Leadership 2005
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Key Literature & Research

- Pearson et al (2001) – Research on workplace incivility. Incivility harms individuals and organisations. There is displacement and escalation
- Raynor (2002) – Only approximately half of those experiencing bullying behaviours consider themselves to be bullied and both groups need to be assessed
- Hogh & Dofradottir (2001) - ‘...results seem to indicate that it is not necessarily the quantity of the negative acts that cause the change in behaviour, but more the fact of being exposed to such acts’
- The Tipping Point (How little things can make a big difference) Gladwell (2000). ‘Power of Context’ We are ‘...exquisitely sensitive’ to context. ‘...Power of Context says that what really matters is little things’ . ‘Broken Windows Theory’ – underpins ‘zero tolerance’ policies

Dissertation Research

- Preparation work on definitions
- Pilot - Volunteer focus group
- Random sample questionnaires (100 (18%) in PCT (A) & 120 (10%) in PCT (B))
- Contact group questionnaires (People contacting HR, Trade Union & Occupational Health)
- IWL Equality and Diversity focus groups
- Data from exit questionnaires

Definitions used in Questionnaire

- Workplace incivility - 'Rude, insensitive or disrespectful behaviour towards others in the workplace. It is ambiguous/unclear whether there is intent to harm'
- Aggression – 'Aggressive behaviour with the unambiguous, clear, intent of causing harm to a person'
- Based on definitions of Pearson et al (2001)

Definitions used in Questionnaire

- Bullying - 'Offensive, abusive, intimidating, malicious or insulting behaviour, or abuse of power, which makes the recipient feel upset, threatened, humiliated or vulnerable, undermines their self confidence and may cause them stress'
(CSP Briefing Paper 1997)
- 78 of 223 people (35%) chose this definition
- A further 44 (19.7%) chose a very similar strong definition (54.7%)
- People did not like any references to intent, persistency, high frequency or exclusions of one-off incidents

Pilot – Volunteer Focus Group

- Some of the incivility was also described as bullying
- Group bullying e.g groups of women picking on men
- Bullying by subordinates e.g. experienced nursing assistants
- Incivility had caused people to change jobs in the organisation
- A rare event caused great trauma
- Exclusion was thought to be a key behaviour
- People behave badly and get promoted

Random Group Response

- PCT (A) - 46 people (46%) responded
- 29 people out of 46 (63.0%) had experienced and/or witnessed negative behaviour in previous 12 months

- PCT (B) - 53 people (45.7%) responded
- 28 people out of 53 (52.8%) had experienced and/or witnessed negative behaviour in previous 12 months

Frequency

- Defined as 'very rarely', 'now & then', 'several times a month', 'several times a week' and 'almost daily')
- Majority was 'Now & then' (51%) and this had similar levels of effect as higher frequency behaviour
- Variation was on avoidance and avoidance of communication
- 'Very rarely' behaviour had little effect (with exceptions e.g 1 event resulted in 3 months sick and change of job)

Most Common Behaviours

- 'Claiming credit for someone else's work',
- 'Setting out to make a member of staff appear incompetent and/or make their lives miserable through persistent criticism'
- 'Deliberately withholding information/providing incorrect information'
- 'Isolating/deliberately ignoring/excluding someone from activities'

Perpetrator

- 47% of the negative behaviour came from managers
- 54% from colleagues
- 9% from subordinates
- Where the behaviour came from did not affect the perception of bullying

Negative Effects

- PCT (A) - Of the 29, 20 (69.0%) indicated some negative effect in response to questions
- PCT (B) - Of the 28, 22 (78.6%) indicated some negative effect in response to questions
- However, the 'No effect' group still evidence of emotional and psychological harm and some took action
- Used words such as 'angry, concerned, insecure and worthless'

Negative Effects

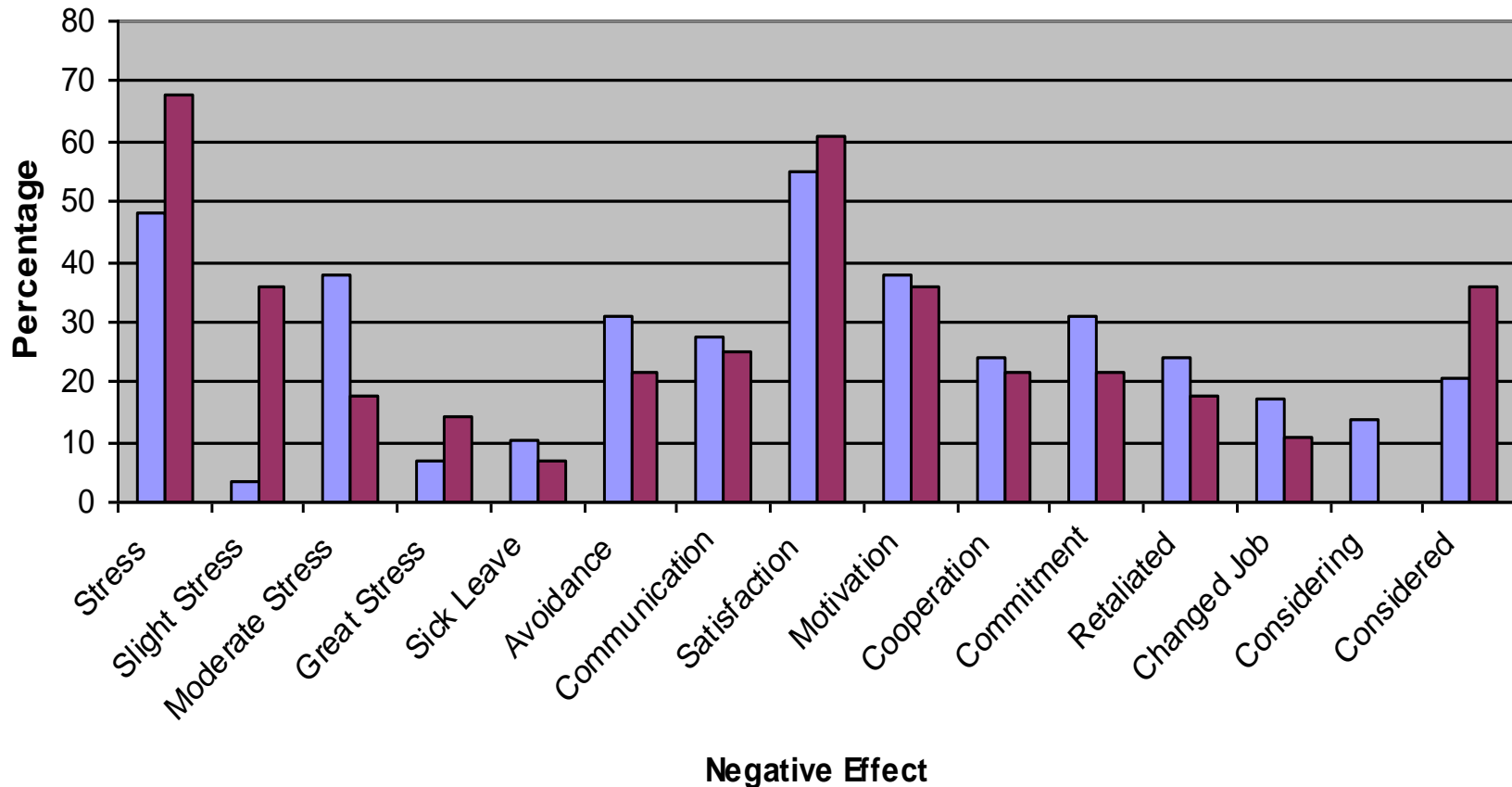
- Most common negative effect was decreased job satisfaction followed by decreased motivation.
- Also evidence of physical avoidance, avoidance of communication, decreased cooperation, commitment and sickness absence.
- Some people retaliated (24.1% & 17.8%) .
- Substantial percentages considered they had experienced a 'negative stressful effect' (48.3% & 67.8%).

Negative Effects

- Some people had changed jobs (17.2% & 10.7%) or were considering changing their jobs because of the behaviours
- Managers/Team Leaders were as likely to be affected as non managers and at very similar levels of effect
- Witnesses were affected, but less so

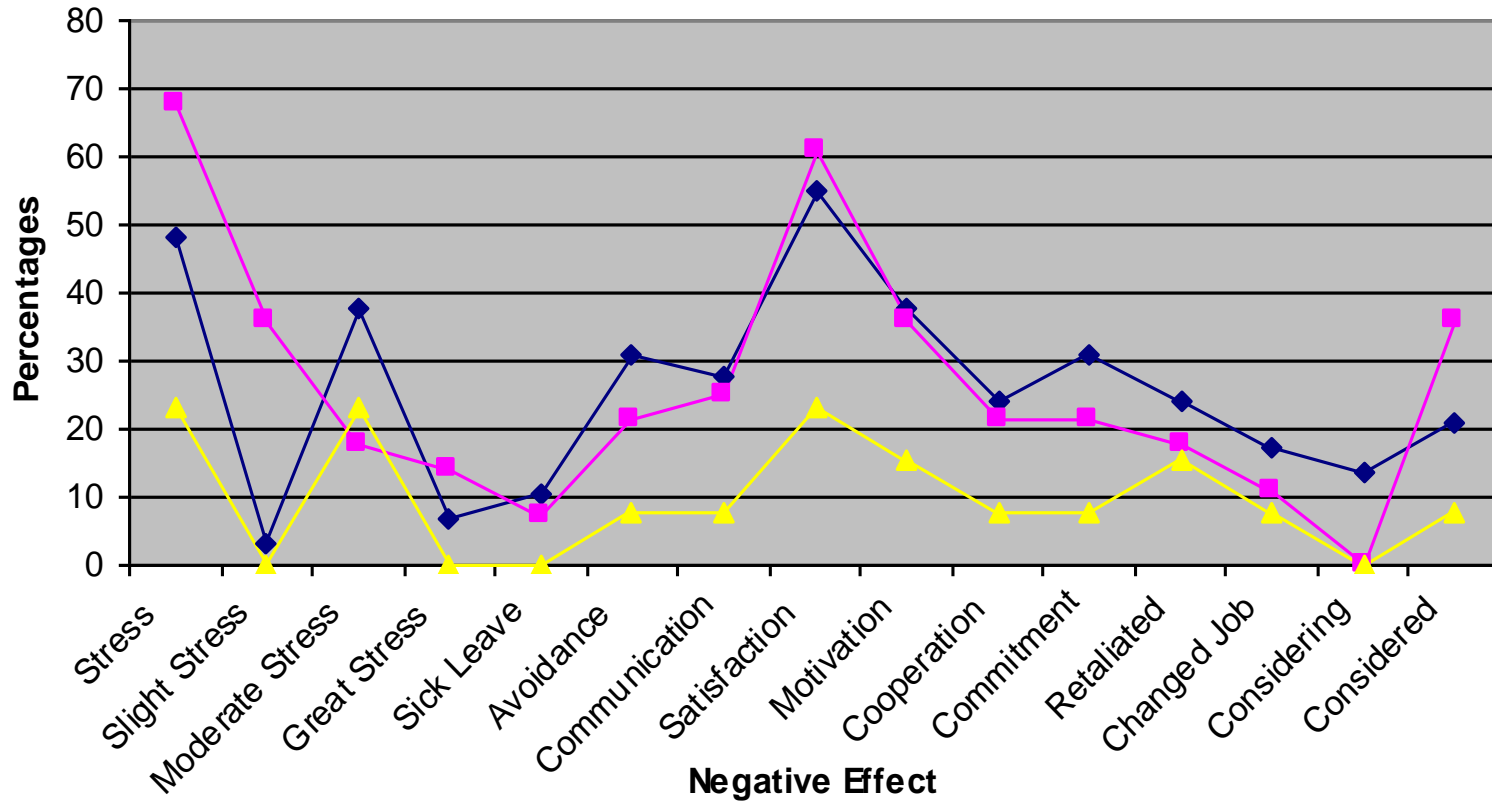
Total Random Group Results (29 (PCT A - Blue) & 28 (PCT B - Purple) people)

Negative effect of negative behaviours in two Primary Care Trusts



Witness Results (Yellow) (13) Compared to Total Random Group

Negative effect of negative behaviour for those who have witnessed behaviour only

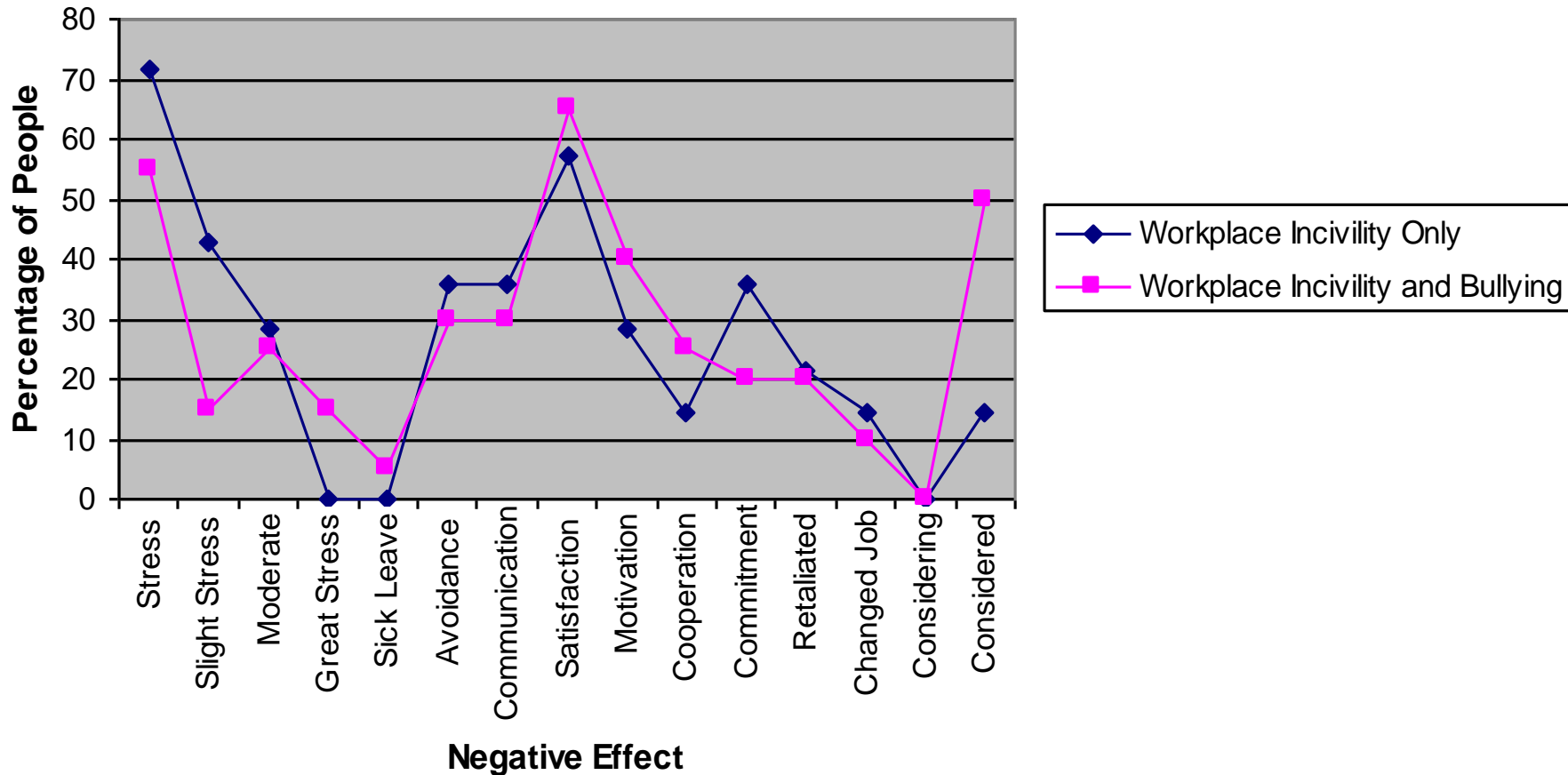


Definition of Behaviour

- The majority of people defined the behaviour as incivility (38 (67%))
- Of those: 20 (53%) also classed it as bullying
- 14 (37%) stated it was incivility, but not bullying
- These two groups had very similar levels of effect
- A few (5) in PCT (A) identified aggression (all aggression was defined as bullying)

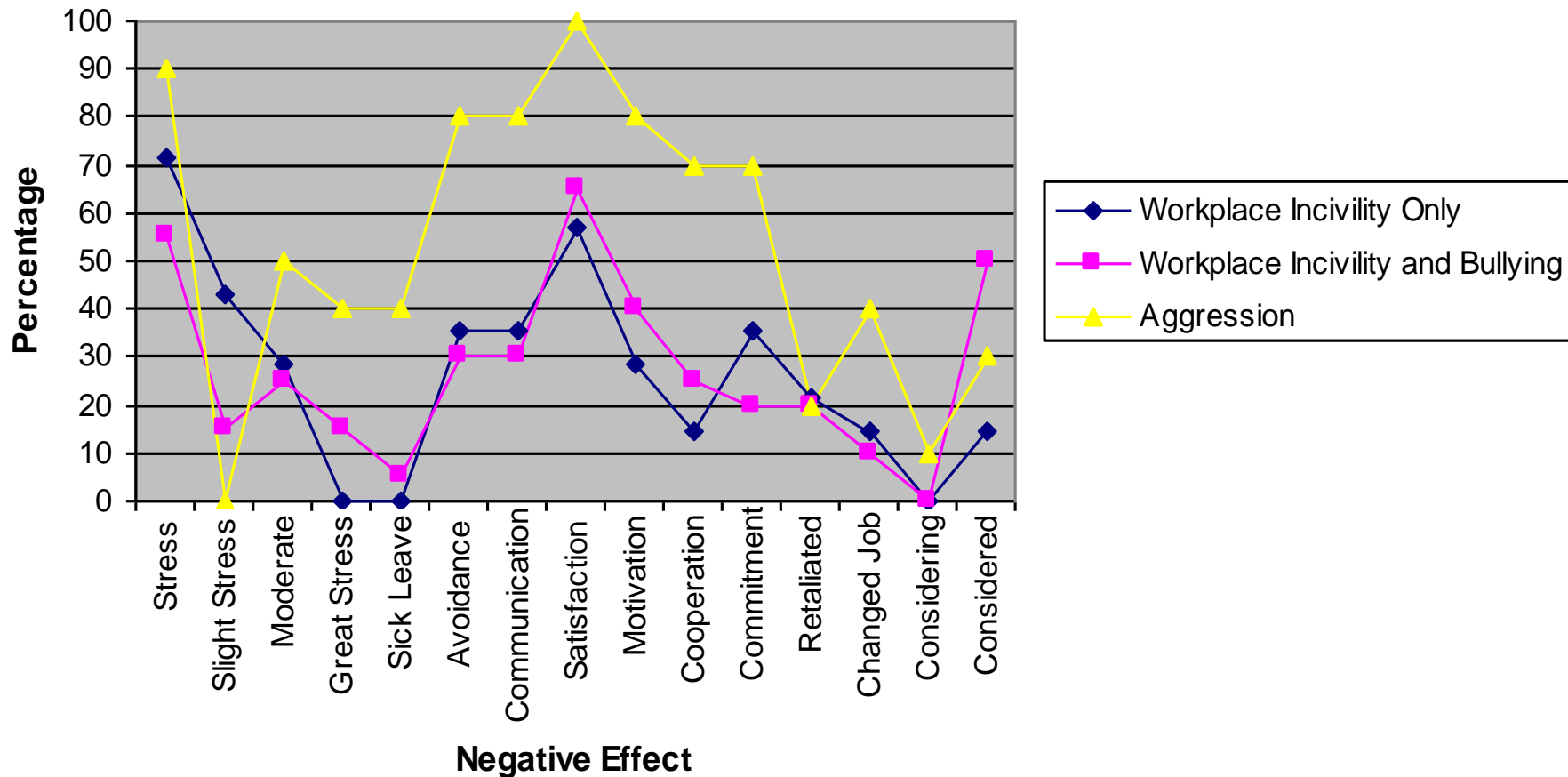
Incivility +/- Bullying (20 & 14)

Negative effect of workplace incivility and incivility also defined as bullying



Aggressive Behaviour (10)

Comparing negative effects of workplace incivility and behaviour with some level of aggression



Key Findings

- Incivility and 'not bullying' has very similar levels of effect as incivility classed also as 'bullying'
- 'Now & Then' behaviour has similar levels of effects as more frequent negative behaviour
- Aggression has higher levels of effect and is always classed as bullying

Contacts for Support in Random Group

- Personnel and Trade Union Representatives are not the first choice of contact and only a few people contacted Occupational Health or clinical supervisors
- People are mainly contacting their colleagues (47%) for support/advice and, to a lesser degree, managers (24%)
- Quite a few people had not contacted anyone (33%).

Actions Taken

- Only just under half of the people took some action or multiple actions to address the problem.
- Most common action was talking to the person alone and then talking to the person with someone else present for support and using mediation (informal 'go between')
- There was limited success (only 51.7% & 30.8% indicated a good result)

Comments from Qualitative Questions

- Need for education, speed of action and 'zero tolerance'
- The need to listen to people and support
- Examples of comments about feelings - 'Isolated, feeling 'snappy' and 'bitchy'', 'Completely incapacitated/ineffective at both work and in my private life. Suicidal', 'Stupid, lonely and vulnerable'

Contact Group Results (11)

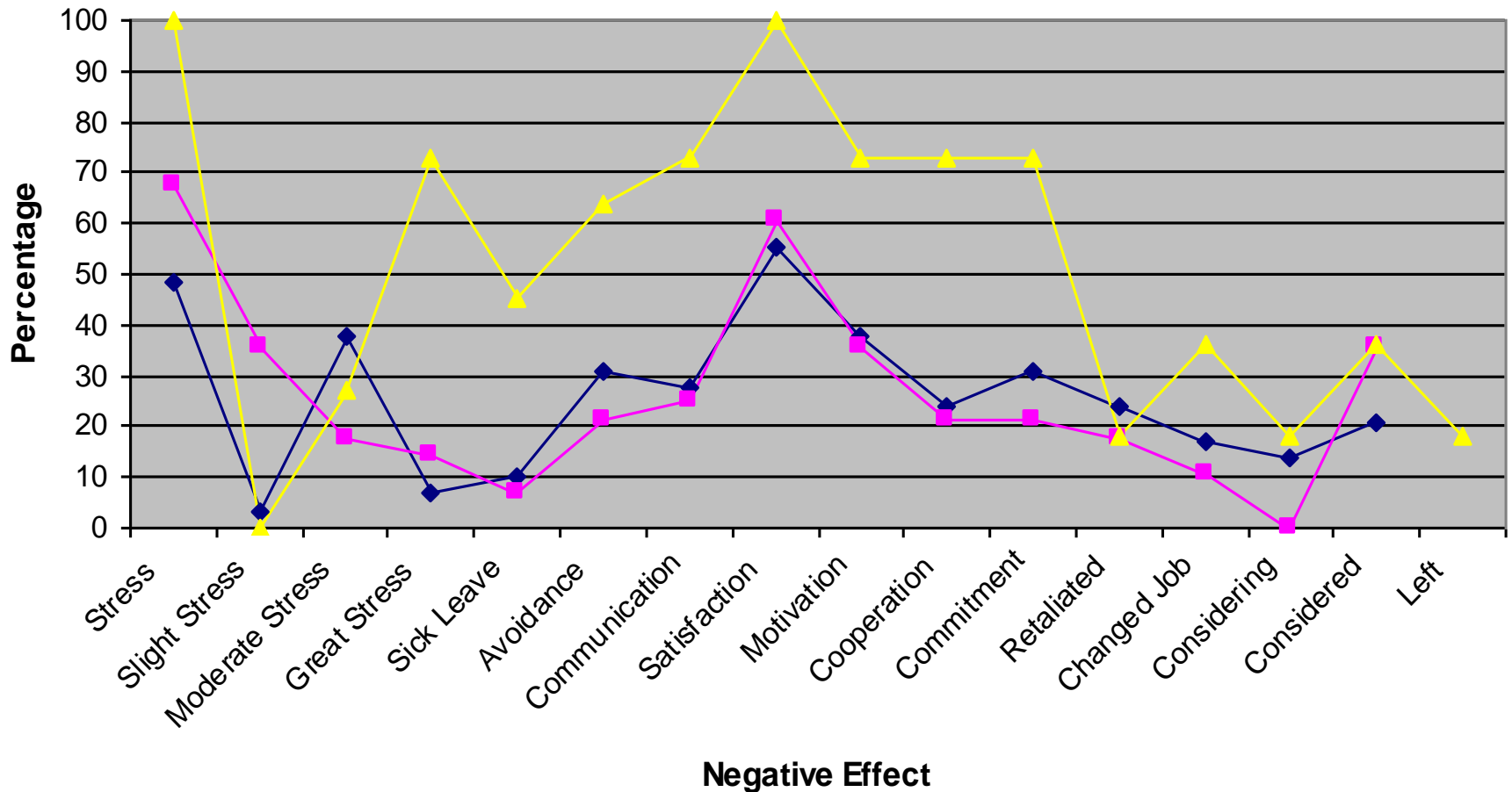
- 'Putting someone's physical, emotional or psychological health at risk by making them upset, frightened and/or ridiculed' – most common behaviour
- Overall greater effect than random group
- Overall greater sense of intensity, negative effect and trauma

Contact Group Results

- People were obviously very damaged using words such as 'destroyed', 'paranoid', 'hopeless', 'worthless', 'hostile', 'ill', 'tearful' and 'bewildered', 'isolated' and 'alone'
- Feelings of being very let down and of anger
- Strong, quick, effective action was requested

Contact Group (Yellow) (11)

Comparing the random group results with the contact group



Exit Questionnaires & IWL Groups

- 17.9% & 7.3% - work relationships as the reason for leaving
- IWL focus groups identified some negative behaviour – e.g. 'Shouting, tantrums, bullying, rudeness, gossiping –talking behind people's backs, favouritism i.e. picking shifts – others cannot do this, nicer jobs to some – others more menial'

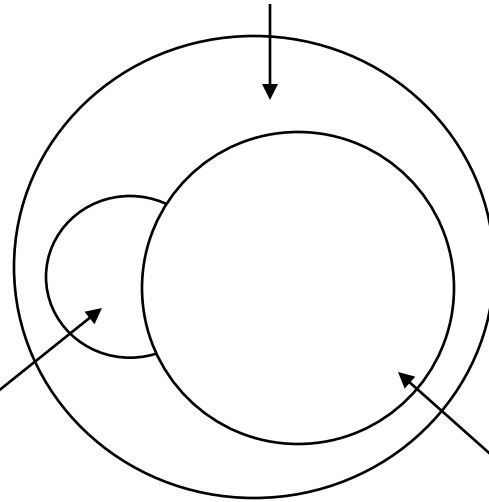
Conclusions

- 'Negative behaviour is any behaviour that is disrespectful and undermines/violates the value/dignity of an individual. It is behaviour that harms individuals and organisations'

R A. Pope (2005)

Relationship between Workplace Incivility, Aggression & Bullying within the term Negative Behaviour

Negative Behaviour

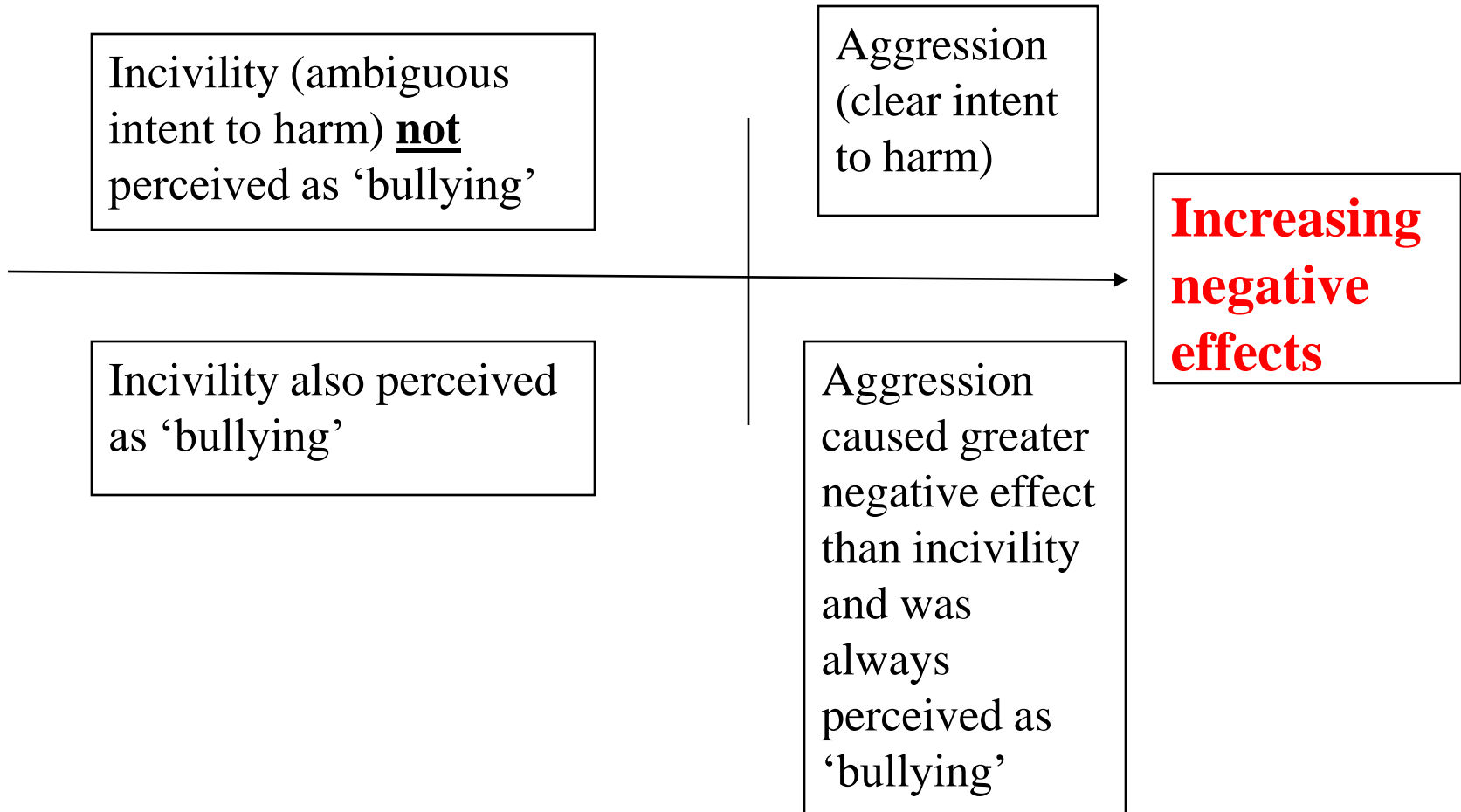


Aggression –
Behaviour perceived as
bullying

Workplace incivility –
Behaviour that may or may
not be perceived as bullying

(RA Pope 2005)

Relationship between Incivility, Aggression & Bullying and increasing levels of effect



Conclusions

- All negative behaviour is unacceptable and is harmful, causes stress & is costly to individuals and organisations
- To focus on 'bullying' is to be sidetracked – the perception of bullying is perhaps irrelevant
- The perception of aggression indicates higher levels of effect (aggression is always bullying)
- To focus on frequency of behaviour is also to be distracted

Conclusions

- What matters is the negative experience
- Zero tolerance is required for all negative behaviour –
Need to deal with the small things (minor incivility)
- There is a need to take action quickly and if possible informally
- Prevention is key
- To ignore negative behaviour is to pay the cost

NHS Staff Attitude Survey

- 2003 - 18% 'Harassment, Bullying and abuse' in previous year (Managers (7%) Colleagues (11%))
- 2007 – 21% - Managers/Team Leaders (8%)
Colleagues (13%)
- 2008 - as 2007

NHS Health & Wellbeing interim report (over 11,000 responses)

- 'Many staff do not believe that senior managers or their employer as an organisation take a positive interest in their health and well-being' (Only about a quarter do!!)
- 'Many staff report significant stress levels'
- 13% reported 'harassment' from managers/team leaders & over 17% from other colleagues
- Nearly a half of all staff sickness is from musculo-skeletal disorders and more than a quarter from stress, depression and anxiety
- Approx. 2,500 ill-health retirements. 38% musculo-skeletal, 17% mental ill- health

Guidance/Standards

- National Institute for Health & Clinical Excellence. November 2009 – Public Health Guidance 22 - Promoting mental wellbeing at work
- NHS Constitution
- HSE Management Standards
- Investors in People
- Improving Working Lives

Responsibilities

- 'According to Brodsky bullying cannot exist without being directly or indirectly condoned by the organisation' (Hoel & Cooper 2000)
- '...bullying is less likely to occur, and more likely to be tackled when it does occur, if there is a strong and well-organised trade union presence in the workplace' (Ironsides & Seifert 2003)

What can be done? How can we make a difference?

- Brain storm in groups

Leadership

- Staff health & wellbeing a priority at Board level
- Leaders to proactively encourage a culture of non-tolerance of negative behaviour
- Clear message of unacceptability of all negative behaviour
- Clear expectation of positive behaviour
- Staff to be assessed for personal behaviour and qualities as much as competency

Leadership

- Review of management development programme – assess for relationship content and managing negative behaviour/conflict
- HSE Management Standards
- Negative behaviour must not be tolerated/rewarded
- Leaders must listen to concerns. Two way communication instead of one-way command
- Positive attitude/openness to challenge

Leadership

- Research by B. Alimo-Metcalfe & R. Alban-Metcalfe (HSJ 2000)
Leadership characteristics; what people value and motivates them
- A genuine concern for others, followed by, an ability to communicate and inspire, empowering others to lead, transparency (integrity, honesty and consistency) and accessibility, approachability and flexibility
- ' ...leader as servant rather than hero'

Policy

- Review of policy
- Dignity at Work (Prevention & Management of negative behaviours) policy – referring to a broad range of negative behaviours
- No reference to intent, frequency, persistency or exclusion to one-off incidents in any bullying definition
- Prevention & management of stress policy
- Code of positive conduct – emphasis on positive communication/behaviour

Policy

- Informal supervision guidelines
- Staff Charter – include reference to incivility
- Ongoing risk assessment cycle – including regular monitoring/reporting to Board and other committees
- Training for investigators
- Awareness training for broad range of behaviours
- Upward & peer feedback within appraisal

Practice – day to day

- Deal with problems quickly & if possible informally
- Provide support (e.g. Dignity at Work Advisors, mentors, buddy systems, TU Reps, HR, Occ. Health)
- Be proactive and focus on prevention. 'Dignity & respect' has to be at the centre of all we do

Trade Unions

- Encourage individual & organisational honesty & self assessment
- Open the difficult conversations
- Support members as we are able
- Expect to be ignored!
- Expect resistance!
- Re-frame our arguments – broaden language e.g. Negative behaviour & 'Dignity & respect' rather than 'no bullying'
- Believe you can make a difference

Vision for the Future

- Change of NHS & work cultures

Professor Michael West , Aston Business School, HR in NHS Conference 2005

'Need to create communities that are kind', 'Leaders should be kind'

'Dignity at work within a caring supportive culture' (UK National Work-Stress Network)

Contact/References

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- Pope, R. Burnes. B. (2009). 'Looking beyond bullying to assess the impact of negative behaviours on healthcare staff'. *Nursing Times*, 105(39), pp. 20-24 (6 October)