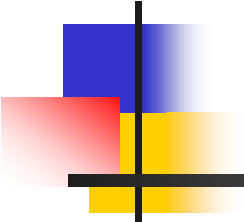


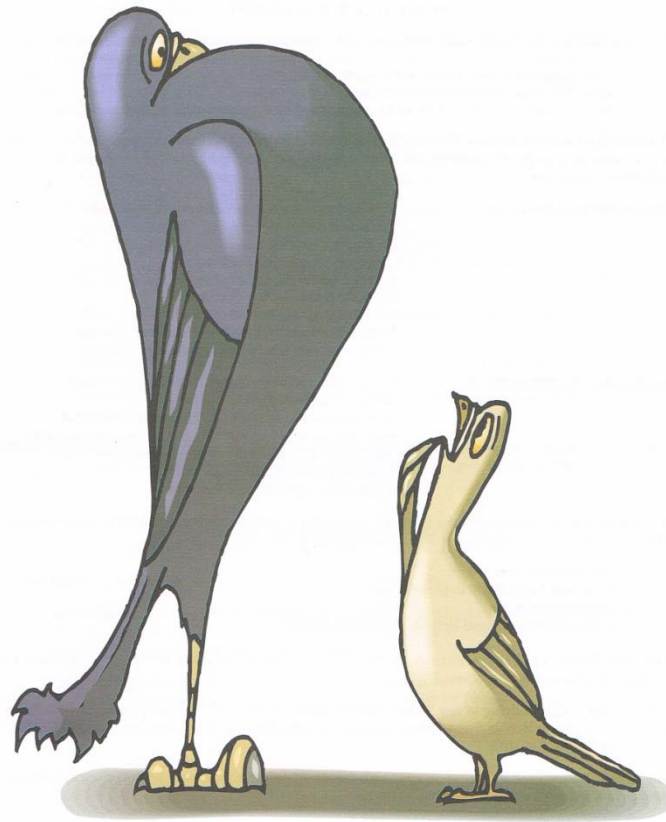
# Looking beyond 'bullying'



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

MSc in Human Resource Leadership 2005  
Manchester Business School

Rachael Pope



**Pick on someone your own size!**

# Key Literature & Research

- Pearson et al (2001) – Research on workplace incivility. Incivility harms individuals and organisations. There is displacement and escalation
- Rayner (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’

# Dissertation Research

- Quantitative with qualitative aspects
- 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)
- Data from IWL Equality and Diversity focus groups & exit questionnaires
- Limitation – small numbers

# 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 (see also Saunders et al 2007)

# Pilot – Volunteer Focus Group

- Some 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

- Response 46% & 45.7%
- 63.0% & 52.8% had experienced and/or witnessed negative behaviour in previous 12 months
- Majority was 'Now & then' frequency (51%) and this had **similar levels of effect as higher frequency behaviour.**
- 'Very rarely' behaviour had little effect (with exceptions e.g.1 event resulted in 3 months sick and change of job)
- 54% - colleagues, 47% of negative behaviour-managers, 9% - subordinates. Where the behaviour came from did not affect the perception of bullying



# 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'

# Negative Effects

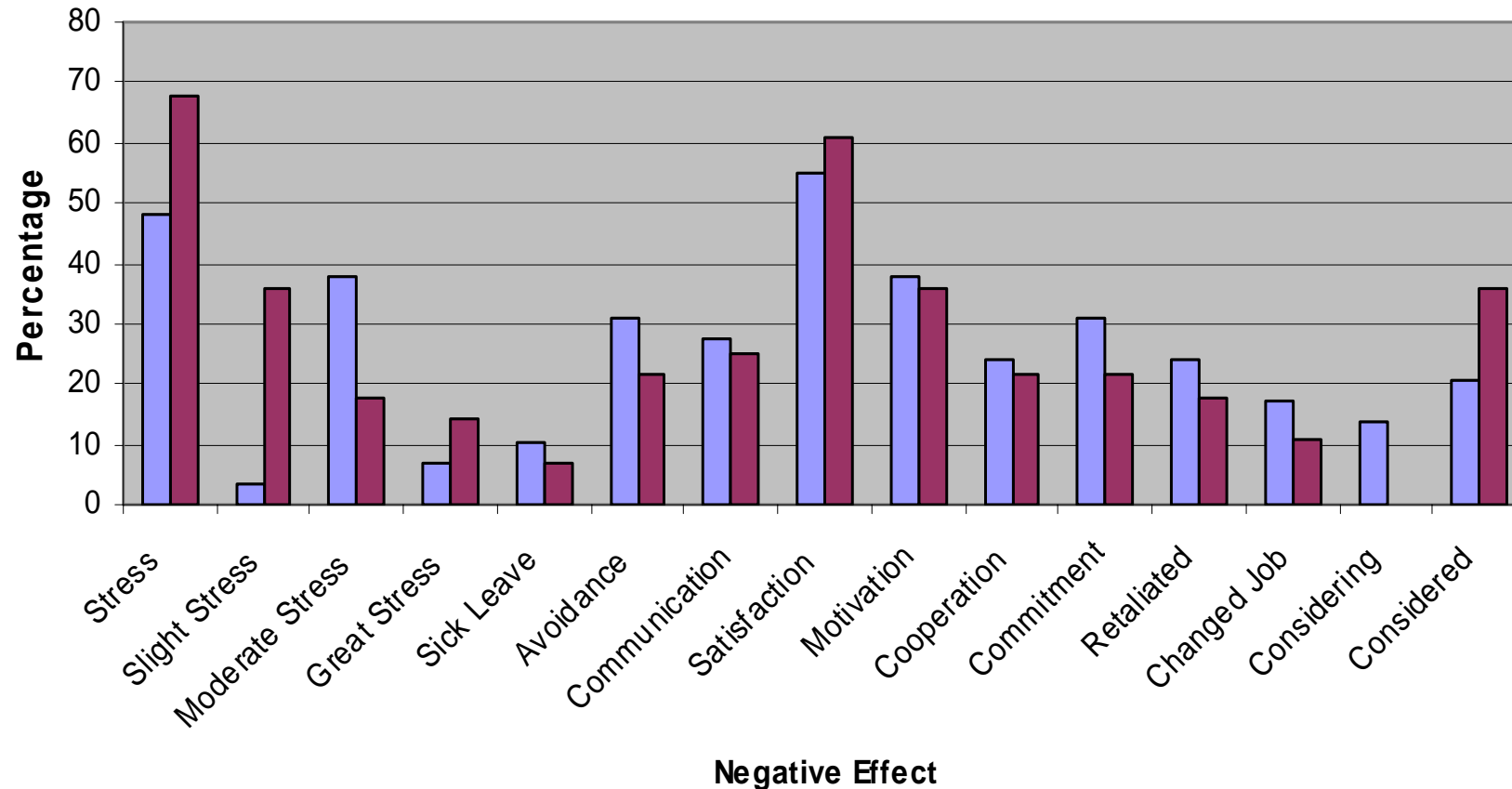
- Most common negative effect was decreased job satisfaction and motivation.
- Evidence of physical avoidance, avoidance of communication, decreased cooperation & commitment and sickness absence.
- People retaliated (24.1% & 17.8%) .
- People had changed jobs (17.2% & 10.7%) or were considering changing
- Managers/Team Leaders as likely to be affected as non managers - very similar levels of effect
- Witnesses were affected, but less so

# Negative Effects

- 69.0% & 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'

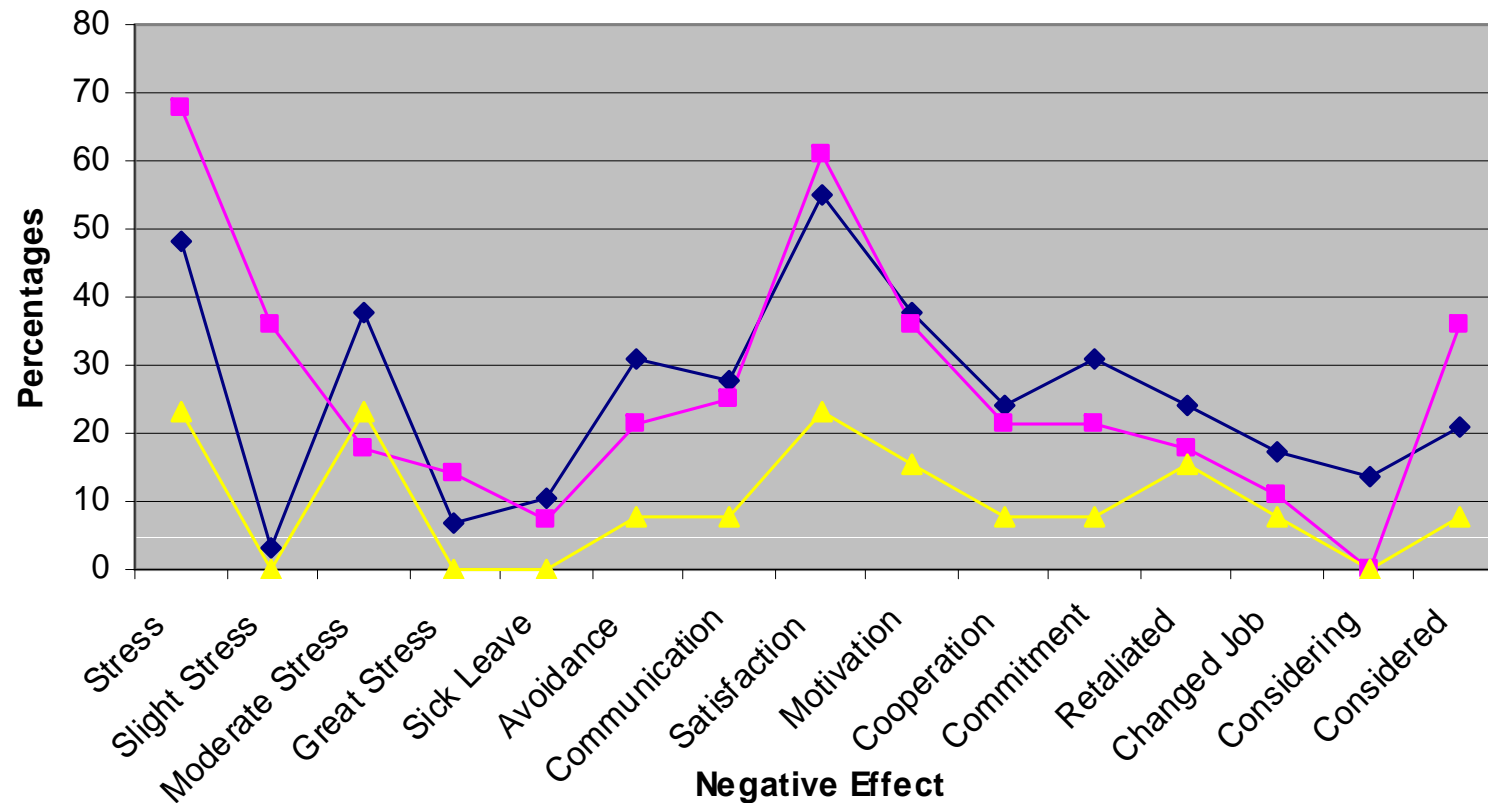
# Total Random Group Results (29 (PCT A - Blue) & 28 (PCT B - Purple) people)

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**

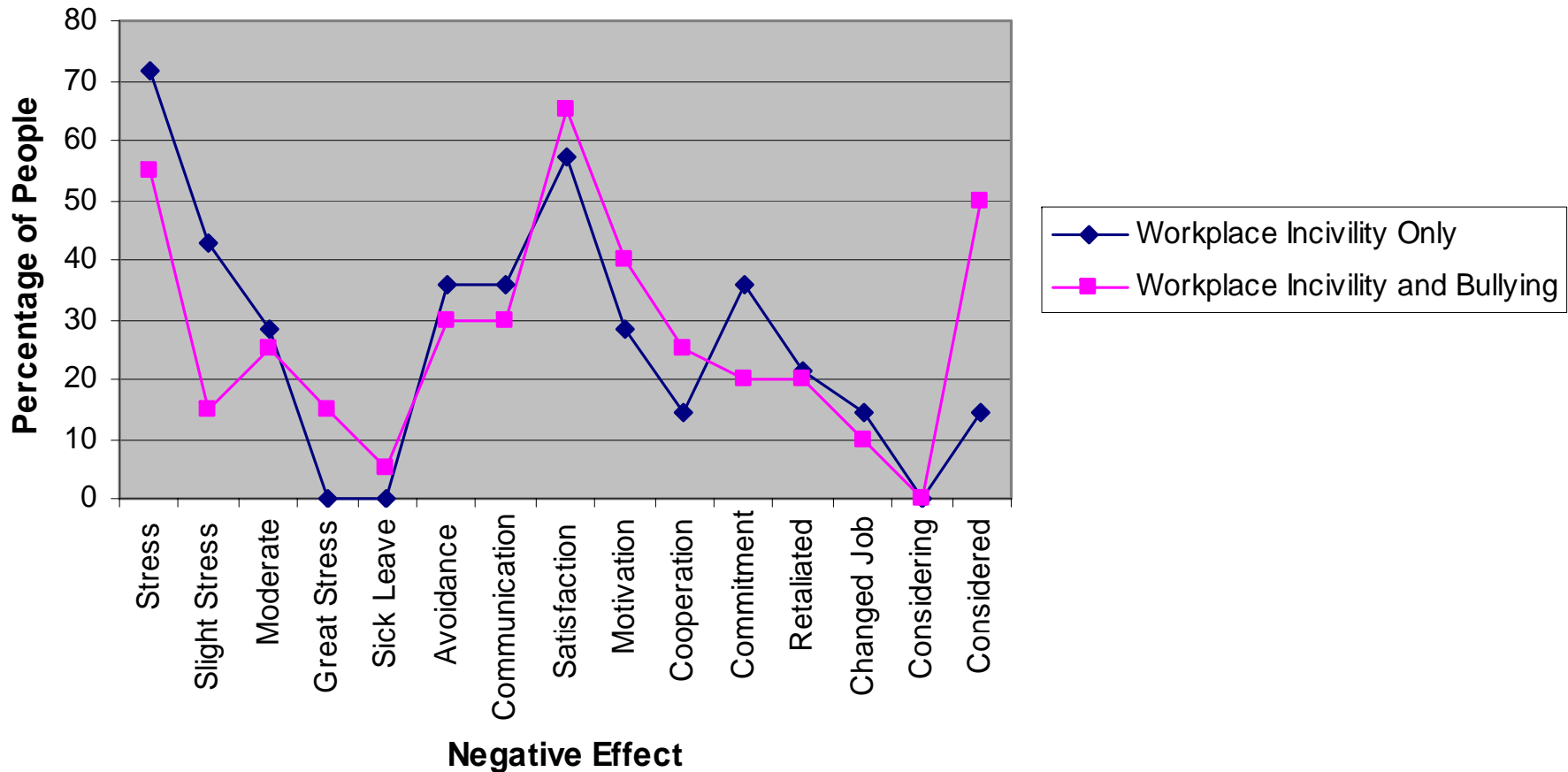


# Definition of Behaviour

- 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)

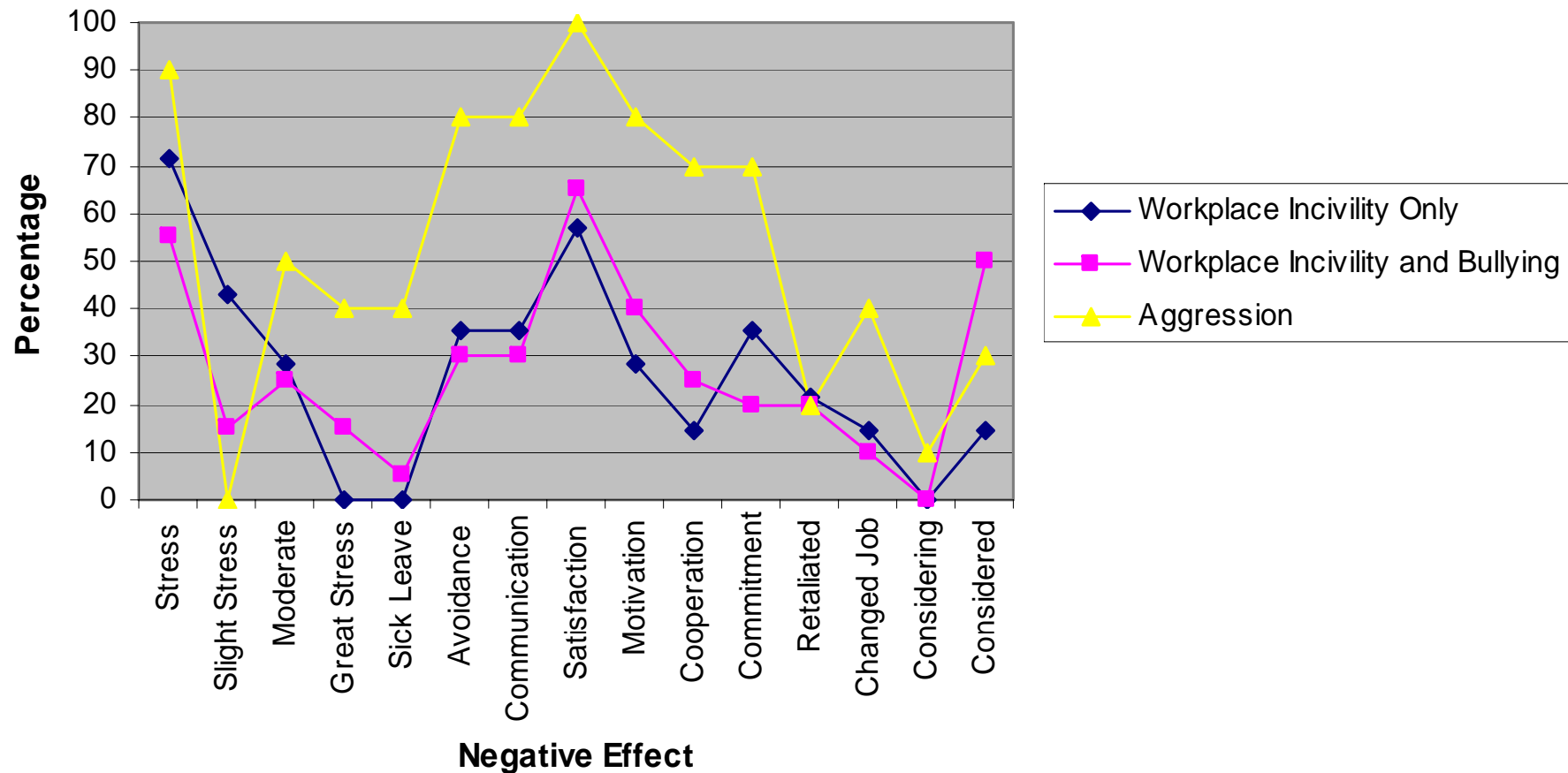
# Incivility +/- Bullying (20 & 14)

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/action taken in Random Group

- Personnel & Trade Union Representatives - not first choice of contact. Only a few contacted Occ. Health or clinical supervisors
- People mainly contacted colleagues (47%) for support/advice, managers (24%) & 33% had not contacted anyone.
- Only just under half 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)

# Qualitative Questions – Random group comments

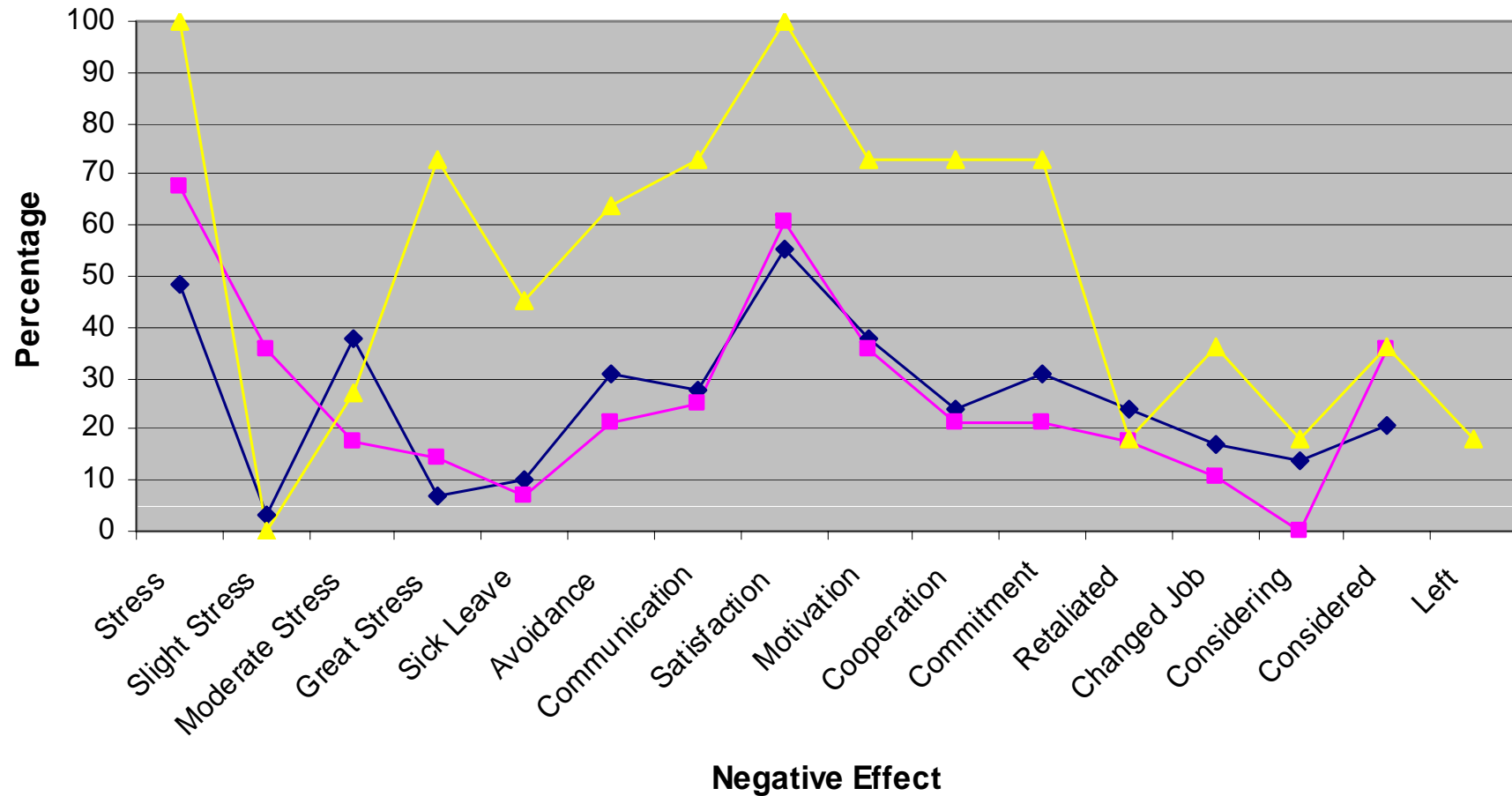
- Need for education, speed of action and 'zero tolerance'
- The need to listen to people and support
- Examples of comments about feelings - 'Isolated, feeling 'snappy' and 'bitchy'', 'Completely incapacitated/ineffective at both work and in my private life. Suicidal, 'Stupid, lonely and vulnerable'

# 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
- Greater sense of intensity, negative effect and trauma than random group
- People 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

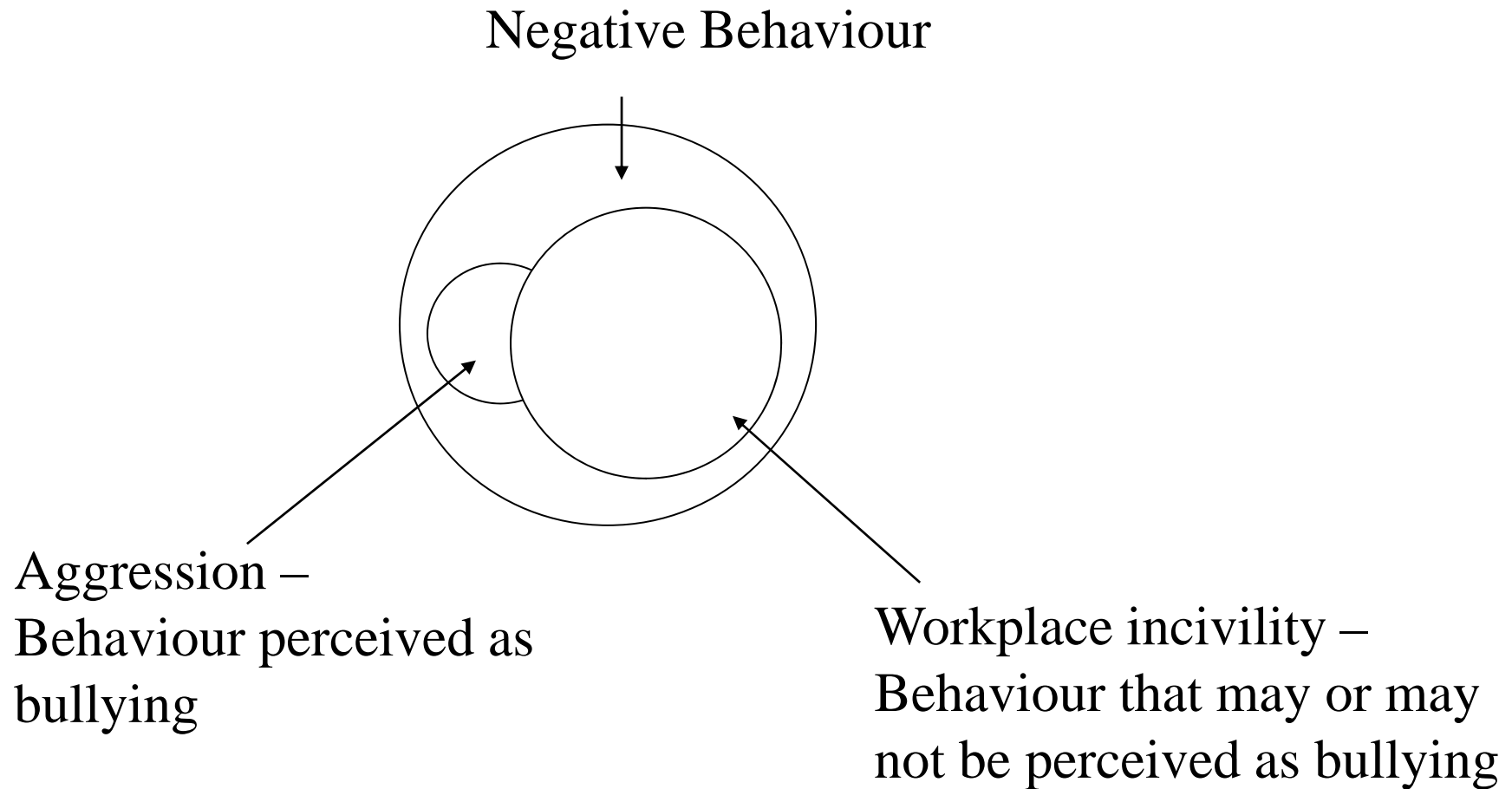
- 17.9% & 7.3% - work relationships as the reason for leaving
- IWL focus groups identified some negative behaviour – e.g. 'Shouting, tantrums, bullying, rudeness, gossiping –talking behind people's backs, favouritism i.e. picking shifts – others cannot do this, nicer jobs to some – others more menial'

# 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)

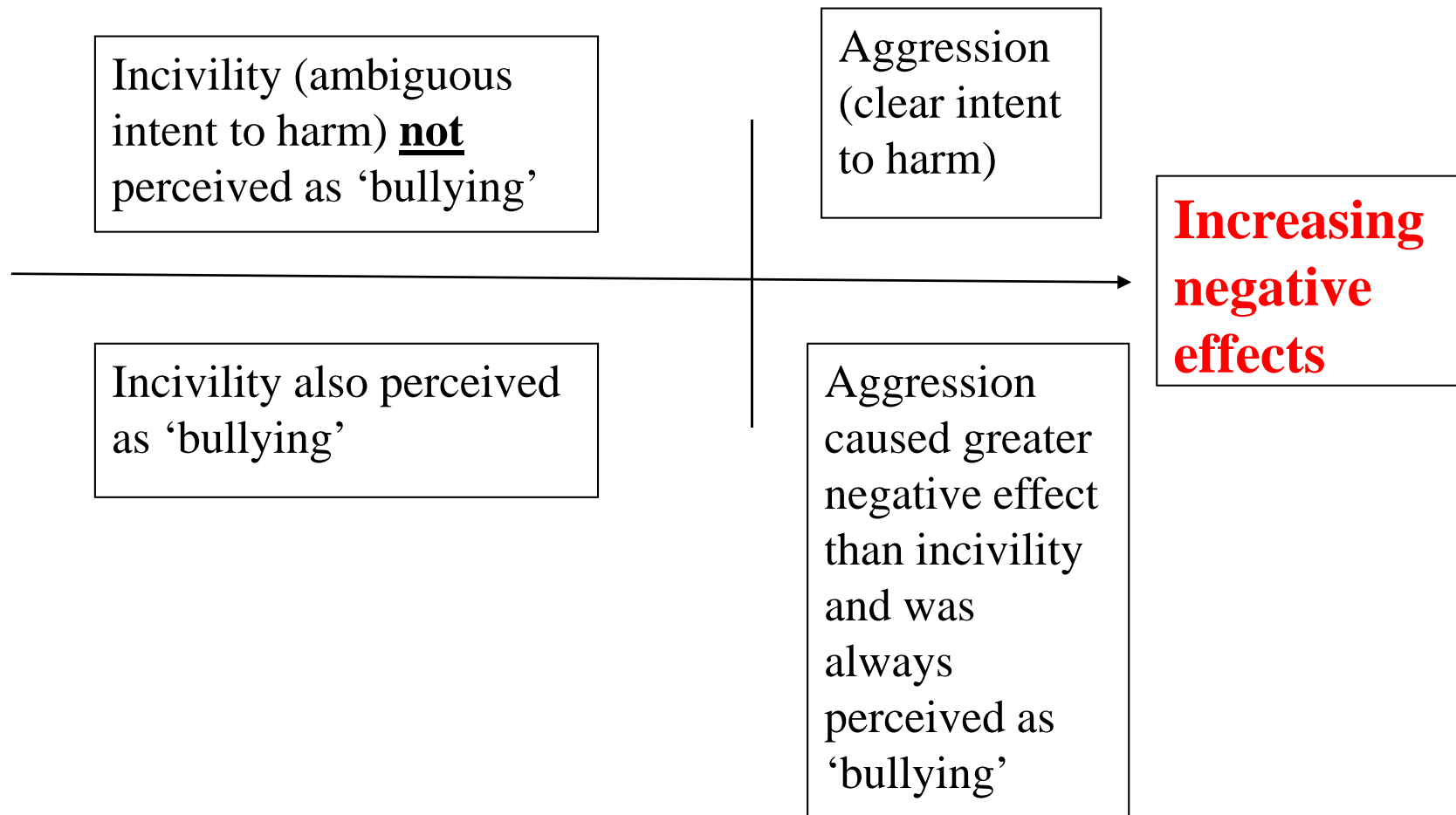
# Relationship between Workplace Incivility, Aggression & Bullying within the term Negative Behaviour



(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 (i.e. perceived intent) 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 – the focus needs to be on encouragement of positive behaviour
- To ignore any negative behaviour is to pay the cost

# Questions

- What are the organisational responses to negative behaviour between staff?
- What are the reasons/motivations for the responses
- What are the blocks to organisations taking effective action?
- Have you seen any really good practice/intervention?
- What needs to happen/be done to ensure that effective action is taken?

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

- Brain storm in groups

# 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 2009 (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
- Links between staff well-being and patient satisfaction

# 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

- [Rachael.pope@nhs.net](mailto:Rachael.pope@nhs.net)
- Burnes, B. Pope, R (2007) 'Negative Behaviours in the Workplace: A Study of two Primary Care Trusts in the NHS'. *The International Journal Of Public Sector Management*, 20(4), pp. 285-303
- 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)