Focusing on the term bullying means many different kinds of negative behaviour in NHS organisations are tolerated and not dealt with appropriately, argues Rachael Pope.

Negative behaviour between staff continues to be a destructive problem in the NHS, according to literature, survey data and academic research. This is despite various policies, reports, initiatives and directives over many years.

People are still being emotionally and psychologically damaged by the behaviour of managers/team leaders and colleagues. Of course, the damage affects not only them but also the community around them.

In a recent article (Santry, 2009), Sir Ian Kennedy, on retiring from the Healthcare Commission, is reported as giving “a sombre warning about the ‘corrosive’ impact of bullying among NHS staff”, saying it was “permeating the delivery of care”. Santry (2009) posed the question: “But why is bullying so widespread in an institution devoted to caring?”

That is a good question and has been asked on a number of occasions in literature. The behaviour that is rightly expected for patients is in sharp contrast to that which is often tolerated in staff.

The broader term of negative behaviour covers any behaviour that is disrespectful and undermines or violates the value and dignity of an individual. In the workplace, it is behaviour that damages individuals and organisations. Within that term, we could use words such as incivility, aggression or abuse, but more commonly we use the words bullying and harassment. We could also use the words unkind, unpleasant or nasty behaviour.

Our research report (see p20) shows that all negative behaviour, however defined, is damaging and has implications for patient care. Incivility that is not defined as bullying has very similar effects as incivility that is also classed as bullying.

The narrowness of focus on using words such as bullying and harassment is causing some practical workplace problems. It seems that organisations and managers will go to extreme lengths to avoid defining any behaviour as bullying. It is almost as though if it is not called bullying, then it does not count, and no one has to do anything about it. But, whatever term is used, the problem of dysfunctional workplaces still need to be resolved.

Organisations with happier staff have better patient outcomes and satisfaction ratings. However, the NHS seems to have a high tolerance towards unkind and sometimes nasty behaviour.

There needs to be a huge change in attitude so that staff welfare is given the utmost priority at the most senior levels of the NHS and in individual organisations within it. The biggest need is for honesty and self assessment. There also needs to be a clear expectation of positive behaviour throughout organisations.

All staff should be assessed on the basis of personal qualities and behaviour, as well as competencies.

We need to develop organisations where there is “dignity at work within a caring supportive culture” (UK National Work-Stress Network, 2009). Professor Michael West, speaking at the 2005 HR in the NHS conference, said we needed to create communities that are kind, and that leaders should be kind. These are essential objectives and we all need to play our part for the benefit of staff and patients.

There needs to be a huge change in attitude so that staff welfare is given the utmost priority in the NHS

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To read the research report on negative behaviour, see p20

REFERENCES