# Bullying in the Emergency Department – stopping the vicious cycle

Bullying is a major problem in the NHS. In the 2018 NHS England staff survey[1], over 19% reported at least one incident of bullying, harassment or abuse in the last 12 months – an increase from 2017's figure. Whether you regard this as an increase in bullying, or an increase in the reporting of bullying, the fact remains that bullying by colleagues is a problem that seems entrenched in the NHS.

If you are an Emergency Medicine (EM) trainee, your experience is even worse. In the 2018 EMTA (Emergency Medicine Trainee Association) survey[2] which ran from December 2018 to February 2019, in the previous four weeks, over 23% reported having felt undermined, 5% felt harassed and 9% felt bullied.

Why is this happening to EM trainees? One reason is its position as a diagnostic practice, where referral to, and interactions with, other specialties are part of the job. For trainees in EM it is not just a question of possibly(!) being bullied by your senior colleagues (reported across the board by specialties) but also by a colleague from another specialty. This isn't just the lazy trope of the arrogant consultant surgeon; it goes far beyond that. We know trainees regularly report that their authority and skills are questioned and undermined by colleagues in other specialties.

Another reason is that working conditions in EM often coincide with factors that drive bullying and harassment. There are many reasons why bullying and harassment occur in the workplace, usually because of underlying problems such as: poor job design and work relationships, the existence of a particular culture, an over-competitive environment and a rigid style of management**.** All these can exist within the NHS. The GMC National training survey 2018[3] reported that 74% of EM doctors reported the intensity of their workload as heavy or very heavy and 46% felt short of sleep on a weekly basis followed only by those in surgery. This is a healthy breeding ground for a bullying culture to thrive and an inability for those on the receiving end to take positive action against the perpetrators.

## WHAT ARE BULLYING AND HARASSMENT?

Bullying, harassment and victimisation are often linked or used as interchangeable terms, but they are different things in law. There is no legal definition of bullying – it can be subjective. ACAS[4] defines workplace bullying as "offensive, intimidating, malicious or insulting behaviour, an abuse or misuse of power through means that undermine, humiliate, denigrate or injure the person being bullied".

The concept of "harassment" is defined in the Equality Act 2010[5]. This specifically amounts to unwanted conduct relating to a protected characteristic (which include: age, sex, race and disability) that has the purpose or effect of violating a person's dignity or creating an intimidating, humiliating or offensive environment for that person. A one-off incident can be sufficient to amount to harassment.

Employees can also bring a claim under the Protection from Harassment Act 1997[6]. The legislation was originally introduced to bring stalkers to justice. Bringing a claim under this act does not require the behaviour to be targeted at protected characteristics. In Majrowski v Guy's & St Thomas's NHS Trust[7], Mr Majrowski, a clinical audit co-ordinator, was criticised excessively by his manager who was rude and abusive to him in front of other staff. Under this act the employee only needs to show they are suffering from anxiety and distress and the employer should have foreseen this would happen as a result of the behaviour.

## A TIME FOR CHANGE?

Change is happening but for an institution the size of the NHS the pace is frustratingly slow. Whilst change must be driven from above, for change to happen quickly it must come from the "shop floor" and it must happen now. Each Emergency Department (ED) will want to tackle this issue in a different way, but team leaders must be willing to accept that bullying and undermining are more than likely taking place within their ED. Some suggestions include:

- tell your colleagues from other specialties you are implementing a zero-tolerance policy;
- put a list on the wall of what you won't tolerate from your colleagues;
- challenge a colleague who regularly undermines you to spend a day in the ED working with you;
- don't be a bystander, report any bullying and undermining you witness to your team leader and/or Freedom to speak up guardian;
- team leaders decide how to deal with persistent offenders – talk to other department heads and agree how to raise this with the trust board; and
- team leaders take a weekly 'pulse check' of all members of staff.

## WHAT ARE THE STAKES?

The issue is fundamental for both patient safety and for the future of the specialty itself. Time and again 'poor' culture has proved to be a patient safety issue, as highlighted in the Francis Review[8] (which explored raising concerns within the NHS culture) and more recently in the Kennedy Review[9] into the breast surgeon Ian Paterson's surgical practice. This revealed that a hierarchical and oppressive culture made it difficult for colleagues to raise concerns about senior colleagues.

From the perspective of the specialty itself, we know anecdotally that trainees are leaving because of their experience of bullying and harassment. If this is not addressed, it will create conditions of greater overstretch in EM, which will catalyse a vicious cycle of increasing stress, bullying and departures.

As doctors on the frontline, EM specialists regularly feature on our media coping with the demands of increasing numbers of patients and "winter pressures" that are no longer just seasonal. The specialty is therefore in a highly visible position: exposed, but also influential if it makes progress on this issue.

The MeToo and the TimesUp movements were started by individuals who spoke out. This is within your gift. You will do more than saving lives: you may save your specialty and change medicine and wider society for the better.

## REFERENCES


1. https://www.england.nhs.uk/2019/02/nhs-publishes-latest-nhs-staff-survey-results/
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