

Respect and Dignity – a continuous monitoring system can improve undermining and bullying behaviour in the workplace

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Introduction

Workplace bullying is a persistent problem in healthcare organisations and traditionally, undermining and bullying in the workplace have been tackled on an ad hoc basis. A previous questionnaire survey demonstrated that at least 37% of junior doctors in the U.K. had experience of being bullied in the previous year and 84% had experience at least one bullying behaviour in their career.¹ Bullying, harassment, and undermining in the workplace can have long term effects on wellbeing and morale of not just doctors, but departments and whole organisations. This is often under reported with evidence suggested reluctance to speak out were due to fear of reprisals and lack of confidence that anything will be done.² We aim to promote a working environment where all forms of harassment and bullying are regarded as unacceptable by testing a structured continuous surveillance system to improve and sustain workplace culture in our children's hospital.

Methods

Our intervention was a monthly online questionnaire survey (Figure 1) to all trainees (n = 40-50) in a large tertiary paediatric hospital. A senior trainee was appointed guardian to maintain confidentiality and collate results

Note: the questionnaire asked for experience of positive and negative behaviour

A composite primary outcome included:

- 1) Being subjected to bullying
- 2) Being subjected to undermining behaviour or
- 3) Witnessing any of the above.

An intervention graded pathway was formalised to manage reports in a timely and fair process. We also collected qualitative data with free text and at feedback focus groups. In addition, positive constructive feedbacks during training were recorded.

Figure 1: Questionnaire Template

The screenshot shows a questionnaire titled 'GNCH Trainee Survey'. It includes several questions with radio button options for frequency (Every day, At least once per week, At least once per fortnight, At least once this month, None) and a section for providing details of incidents, including names of individuals involved.

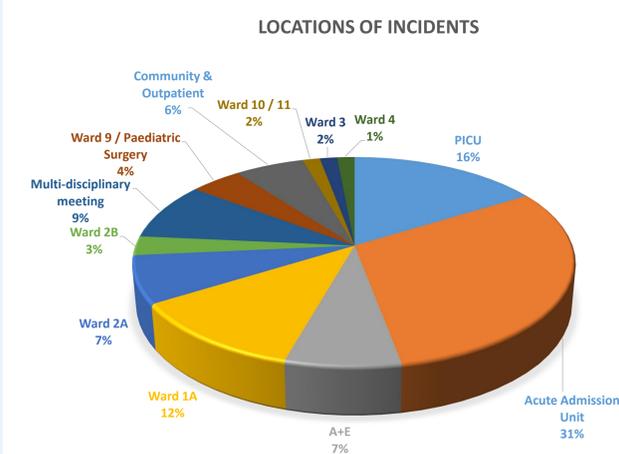
Results

Composite endpoint following intervention



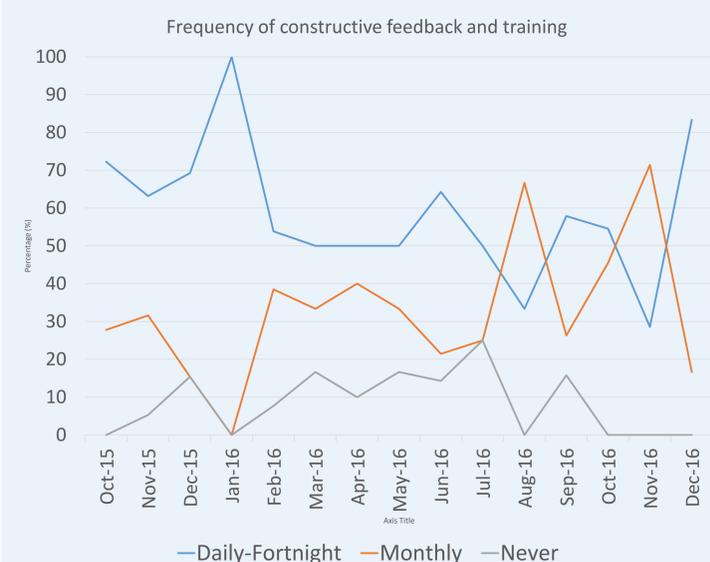
- 65 incidents in 15 months
- 29 reported perpetrators
 - 90% Consultants
 - Only 3 people named more than once

Composite endpoint following intervention



54% (n=37) took place in areas of greatest intensity and pressure (PICU, Acute admissions and A&E). These areas paradoxically also had higher positive feedbacks.

Frequency of positive constructive feedback



Frequency of positive constructive feedback over 15 months, showing the 'never received any constructive feedback' decreased substantially

Conclusion

Implementing a continuous quality improvement infrastructure can improve workplace culture in a busy children's hospital. Positive strategies should be targeted at high intensity areas as they are also the areas with high feedback satisfaction.

Reference

1. Quine L. Workplace bullying in junior doctors: Questionnaire Survey. BMJ 2002; 324: 878-9.
2. National Training Survey – Bullying and Undermining 2014. General Medical Council.