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

Zheyi Liew 1,4, Vincent Tse 2, Nicole O’Connor 3, John Hanley 3 and Michael Mckean 1

1 Department of Paediatric Respiratory Medicine, Great North Children’s Hospital, Newcastle upon Tyne, UK.  
2 School of Paediatrics, Health Education England (North East & Cumbria)  
3 Department of Postgraduate Medical Education, Royal Victoria Infirmary, Newcastle upon Tyne, UK.  
4 Clinical Academic Office, Newcastle University, UK.  
Correspondence: zheyi.liew@nuth.nhs.uk

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 UK had experience of being bullied in the previous year and 84% had experience at least one bullying behaviour in their career.  

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.  

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.

Results

Composite endpoint following intervention

Monthly Survey Questions
Q1: Have you been subjected to behaviour you would regard as bullying in the work place?
Q2: Have you been subjected to behaviour you would regard as undermining in the work place?
Q3: Have you witnessed someone else being the victim

Composite endpoint of Q1+Q2+Q3

65 incidents in 15 months

29 reported perpetrators
• 90% Consultants
• Only 3 people named more than once

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.

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


Figure 1: Questionnaire Template

LOCATIONS OF INCIDENTS

Frequency of positive constructive feedback

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