

# Bullying and harassment of doctors in the workplace

Report

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# Contents

List of tables and figures . . . . .	2
Executive summary . . . . .	3
Introduction . . . . .	5
Defining workplace bullying and harassment . . . . .	6
Types of bullying and harassment . . . . .	7
Incidence of workplace bullying and harassment . . . . .	9
Who are the bullies? . . . . .	12
Reporting bullying behaviour . . . . .	14
Impacts of workplace bullying and harassment . . . . .	16
Identifying good practice . . . . .	18
Areas for further attention . . . . .	20
Suggested ways forward . . . . .	21
Useful contacts . . . . .	22
References . . . . .	24

# List of tables and figures

Table 1	Reported experience of bullying, harassment or abuse by NHS medical and dental staff in the previous 12 months, 2005
Table 2	Respondents who have been a victim of bullying/intimidation or discrimination while at medical school or on placement
Table 3	Course of action taken by SAS doctors in response to bullying behaviour experienced at work (n=168)
Figure 1	Source of bullying behaviour according to SAS doctors, 2005
Figure 2	Whether NHS trust takes effective action if staff are bullied and harassed according to medical and dental staff, 2005

# Executive summary

- Bullying and harassment in the workplace is not a new problem and has been recognised in all sectors of the workforce. It has been estimated that workplace bullying affects up to 50 per cent of the UK workforce at some time in their working lives and costs employers 80 million lost working days and up to £2 billion in lost revenue each year. It has been suggested that bullying and harassment in the National Health Service is a widespread and serious problem, which needs to be viewed in the context of various organisational settings and manifestations.
- One of the acknowledged difficulties in approaching the problem of workplace bullying and harassment is that it is often difficult to recognise and its effects may often be attributed to something else. There is no simple definition of workplace bullying and harassment, as it can take different forms, occur in a variety of situations and crosses gender, age, race, religion and sexual orientation and can involve one or a number of individuals.
- Bullying and harassment is unwanted conduct affecting the dignity of people in the workplace and may be related to age, sex, religion, race, disability, sexual orientation or any other personal characteristic. It may be persistent or an isolated event, but in all cases, the actions or comments are viewed as demeaning and unacceptable to the victim. It has been suggested that although it may be easier to view workplace bullying and harassment as a single unified problem, it is better understood as a label covering a range of related phenomena.
- Accusations of bullying and harassment are becoming arguably more common in medicine and this may be the result of a growing appreciation of the right of health staff not to tolerate bullying and harassment behaviour. According to a survey of NHS staff, one in four NHS staff reported experiencing bullying and harassment in the previous 12 months from patients or their relatives and 15 per cent reported a similar experience from other staff. Furthermore, a fifth of medical and dental staff reported experiencing bullying or harassment from patients or service users and this increased to a quarter for doctors in training.
- Research shows that workplace bullying and harassment of doctors occurs across the medical workforce, from medical students and junior doctors in training to consultants and general practitioners. It has been argued that training is often seen as an 'initiation rite' into medicine, justifying the bullying and harassment that is often a feature of the undergraduate medical culture.
- It has been argued that bullies are attracted to the caring and health professions by opportunities to exercise power over vulnerable patients and employees. Although much of the literature focuses on the bullying of junior doctors and medical students, the problem is nonetheless apparent among senior doctors and anecdotal evidence suggests that consultants may be bullied by other consultants or senior managers.
- Anecdotal evidence suggests that doctors are less likely to admit to experiencing bullying and harassment compared to other healthcare workers. Some argue that the established culture of the medical profession is one that potentially perpetuates an environment of bullying and harassment, especially during training. In many cases, those who are bullied are often unsure how to access help and when they attempt to do so, the results are often unsatisfactory.
- While recognition of the problem of bullying and harassment in the workplace is increasing, the under-reporting of problems by victims may mask the true extent of the problem. It has been argued that a culture of secrecy exists in the NHS which prevents people from speaking out and reporting bullying and harassment behaviour.

- The consequences of bullying and harassment of the medical profession are huge in terms of recruitment and retention. Evidence suggests that being bullied or harassed is a key reason for reduced morale and demotivation of the medical workforce and in some cases, the reason some NHS doctors leave the profession. Hence the impact of workplace bullying and harassment has important implications for the recruitment and retention of doctors within the NHS.
- Raising awareness of bullying and harassment in the medical profession is crucial if the problem is to be stemmed and learning how to recognise and react to such behaviour should become part of medical training at all levels. Several examples of good practice in this area are in evidence.
- Workplace bullying and harassment are now well-recognised problems across the health service, and particularly within the medical profession. In response to this, the BMA advocates raising awareness of the problem in order to assist all doctors to fully understand the subtleties of bullying and harassment in the workplace.
- The BMA is committed to equality and diversity within medicine and healthcare and deplores the fact that bullying and harassment of doctors remains part of the NHS culture. There is a need to move from policies that are essentially remedial and be responsive to those that shift the culture in a positive direction. This must be focused at all levels and undertaken where possible, in a multiprofessional context. Although policies and procedures are a crucial step towards tackling workplace bullying and harassment, they alone are not sufficient to eradicate the problem.

# Introduction

Bullying and harassment in the workplace is not a new problem. According to the Chartered Institute of Personnel and Development (CIPD),<sup>1</sup> over the past 20 years, organisations have moved from the perception that 'it doesn't happen here' to acceptance and the introduction of policies attempting to address the problem. Workplace bullying and harassment has been recognised in all sectors of the workforce. A recent survey of City workers in London found that almost a third of those surveyed had experienced bullying at work, with more saying they had witnessed others being bullied and harassed.<sup>2</sup> A survey of HR professionals found that just over half of respondents said that they have been bullied at work<sup>3</sup> and significant levels of bullying by managers in government departments have also been identified.<sup>4</sup> A survey undertaken by UNISON found that two-thirds of its members had either experienced or witnessed bullying and harassment in the workplace.<sup>5</sup>

It has been estimated that workplace bullying affects up to 50 per cent of the UK workforce at some time in their working lives, with annual prevalences of around 40 per cent.<sup>6</sup> According to one estimate, workplace bullying and harassment costs employers 80 million lost working days and up to £2 billion in lost revenue each year. It also accounts for around 50 per cent of stress-related workplace illnesses.<sup>7</sup>

It has been suggested that bullying and harassment in the National Health Service (NHS) is a widespread and serious problem, which needs to be viewed in the context of various organisational settings and manifestations.<sup>8</sup> Evidence suggests that the prevalence of bullying and harassment in both medicine and the NHS more generally, is high.<sup>9,10,11</sup> One in 10 callers to the UK National Bullying Advice line are healthcare professionals, including nurses and GPs. Results of a CHI survey<sup>12</sup> found that more than a third of NHS staff had been bullied, harassed or abused by other staff, managers or patients and their relatives.

# Defining workplace bullying and harassment

One of the acknowledged difficulties in approaching the problem of workplace bullying and harassment is that it is often difficult to recognise and its effects may often be attributed to something else. There is no simple definition of workplace bullying and harassment, because it can take different forms, occur in a variety of situations and crosses gender, age, race and religion and can involve one or a number of individuals. According to Quine,<sup>13</sup> a central difficulty is that there is no real consensus on what constitutes bullying and harassment behaviour. A useful definition of bullying and harassment is as follows:

‘bullying is persistent behaviour against an individual that is intimidating, degrading, offensive or malicious and undermines the confidence and self-esteem of the recipient. Harassment is unwanted behaviour that may be related to age, sex, race, disability, religion, sexuality or any personal characteristic of the individual. It may be persistent or an isolated incident’.<sup>14</sup>

A further definition is provided by the Andrea Adams Trust, a charity committed to preventing workplace bullying. It defines bullying and harassment behaviour as follows:<sup>15</sup>

- unwarranted or humiliating offensive behaviour towards an individual or groups of individuals
- such persistently negative malicious attacks on personal or professional performance are typically unpredictable, unfair, irrational and often unseen
- an abuse of power or position that can cause such anxiety that people gradually lose all belief in themselves, suffering physical ill health and mental distress as a direct result
- the use of power or position to coerce others by fear, persecution or to oppress them by force or threat
- workplace bullying and harassment can range from extreme forms such as violence and intimidation to less obvious actions such as deliberately ignoring someone at work.

Most definitions of bullying and harassment relate to individuals, but there is an increasing interest in the idea of organisational or cultural bullying—that is, norms of behaviour and practices in the workplace that regularly undermine individuals who work in it.<sup>16</sup> Bullying and harassment are likely to thrive where this is common behaviour across the organisational hierarchy. This is especially the case in highly competitive environments where it is, to a degree, accepted that bullying is an effective method of motivating staff. The NHS, in particular, is a highly competitive organisation, which is under increasing scrutiny from both the government and the public, this coupled with increasing accountability and the pressure to achieve targets and improve transparency impact on the working lives of staff within the organisation.

According to Hoosen and Callaghan,<sup>17</sup> ‘medical training usually takes place in institutions that have a highly-structured hierarchical system and has traditionally involved teaching by intimidation and humiliation’. It has been argued that the medical culture is one that supports behaviours that are disempowering to many people in the culture, often unintentionally.<sup>18</sup> Houghton<sup>19</sup> advocates that an aggressive culture may thrive in medicine, where perpetrators are both powerful and frightening and those who intentionally bully are often rewarded for their efforts by submissive silence. The incentives to challenge bullying behaviour are outweighed by the incentives to remain silent, hence an aggressive culture is perpetuated which selects people who can survive it – these people may then become role models for future generations of bullies.

# Types of bullying and harassment

Bullying and harassment is unwanted conduct affecting the dignity of people in the workplace and may be related to age, sex, religion, race, disability, sexual orientation or any other personal characteristic. It may be persistent or an isolated event, but in all cases, the actions or comments are viewed as demeaning and unacceptable to the victim.<sup>20</sup> It has been suggested that although it may be easier to view workplace bullying and harassment as a single unified problem, it is better understood as a label covering a range of related phenomena.<sup>21</sup> While there is currently no specific legislation that deals specifically with the issues of workplace bullying and harassment, there are various laws covering harassment and discrimination under which complaints may be brought.\* The Dignity at Work Bill was first introduced in the House of Lords in 1996, but was put on hold due to a general election. The Bill started its progress again through the House of Lords in December 2001 under the guidance of Baroness Ann Gibson. The following summarises the key aspects of workplace bullying and harassment and reflects the scope and complexity of the problem.

## Sexual harassment

Although sexual harassment has not been considered a problem discrete from bullying in the past, recent research has argued that because sexual harassment is more about power than sex, it should be classified as a form of bullying.<sup>22</sup> Evidence suggests that levels of sexual harassment are particularly high in the health service.<sup>23</sup> Despite larger numbers of women in medicine and strong policy statements against gender discrimination, according to Hinze<sup>24</sup> sexual harassment persists in medical training. Evidence suggests that female doctors may be the targets of sex-based or sexual harassment, which may in turn lead to depression and suicide. Frank et al<sup>25</sup> found that 48 per cent of female physicians reported having experienced sex-based harassment at least once and more than a third (37%) reported sexual harassment. Sexual harassment may be explicit such as 'a persistent comment from a consultant... "those theatre blues really do suit you," accompanied by a pat on the bottom' or it may be more subtle.<sup>26</sup>

## Racial harassment

The NHS Equal Opportunities Unit has highlighted the serious problem of racial harassment within the health service.<sup>27</sup> A study of UK medical graduates showed that racism is manifest in access to training and careers and in norms of acceptable behaviour. The system is sustained by the reluctance of doctors to complain and the widely-held view within the medical profession that problems encountered by doctors from an ethnic minority are due to valid reasons such as not understanding English culture.<sup>28</sup> Research undertaken by Everington and Esmail<sup>29,30</sup> highlights the existence of racism in the medical profession and findings from a BMA study on career barriers in medicine illustrate the prevalence of racial attitudes and experiences.<sup>31</sup>

## Religious harassment

Harassment may occur because of a perception of a person's religion or beliefs, even if those perceptions are wrong, and also extends to discrimination based on a person's association with someone else who has a particular religion or belief. A recent BMA survey of medical students found that one in 10 respondents reported feeling directly or indirectly discriminated against because of their own beliefs or culture.<sup>32</sup>

## Sexual orientation harassment

Harassment may occur because of a person's sexuality and evidence suggests that lesbian, gay, bisexual and transgendered (LGBT) doctors commonly experience workplace harassment. While the medical profession has a reputation for being conservative, some consider it to be 'homophobic'.<sup>33</sup> Evidence suggests that homophobia is common among practising doctors<sup>34</sup> and doctors who had not

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\* Sex Discrimination Act, Race Relations Act, Disability Discrimination Act, Employment Equality (Sexual orientation) Regulations and Employment Equality (Religion or Belief) Regulations.



openly declared themselves to be gay, feared doing so because of the effect on their job prospects.<sup>35</sup> A BMA study suggests that homophobic experiences exist throughout the medical profession and a fear of discrimination and harassment is referred to by gay, lesbian and bisexual doctors as being prevalent in the workplace.<sup>36</sup>

### Disability harassment

Harassment may occur because of physical or mental impairment. Mental health, particularly minor mental health problems have been the focus of much of the information gathered by academics and others about doctors. It is highly probable that there is an under-reporting of disabilities for those working as a doctor or health professional, particularly when impairments are hidden disabilities.<sup>37</sup> A recent study of societal views towards the inclusion of disabled people to the study and practice of medicine, found a generally positive view regarding the admission of disabled individuals to the study of medicine. However, disabilities that produce a major impact on observation and communication skills were considered to be unacceptable.<sup>38</sup> A BMA study found that direct discrimination based on disability occurs in medicine and that doctors with disabilities or chronic illness are often stigmatised.<sup>39</sup>

### Psychological abuse

Harassment and bullying can also manifest itself as a psychological abuse. Rayner and Hoel<sup>40</sup> suggest five categories of such behaviour:

- threat to professional status (belittling opinion, public professional humiliation, accusation of lack of effort)
- threat to personal standing (name calling, insults, teasing)
- isolation (preventing access to opportunities such as training, withholding information)
- overwork (undue pressure to produce work, impossible deadlines, unnecessary disruptions)
- destabilisation (failure to give credit when due, meaningless tasks, removal of responsibility, shifting of goal posts).
- Research suggests that this form of bullying is often the most common, but also the most under-reported amongst the medical profession.<sup>41,42</sup>

### Bullying

Bullying is not confined to derisory remarks or open aggression, but can also be subtle and devious and can occur when professional abrasiveness becomes tainted with personal vindictiveness and people are singled out, demeaned and devalued. It is often an experience that causes the individual to feel isolated, with repercussions for mental and physical health. According to the Andrea Adams Trust,<sup>43</sup> bullying is a sustained form of psychological abuse and often emanates from a senior person taking what they feel is a 'strong line' with employees. However, it is recognised that there is a fine line between strong management and bullying and that line is crossed when the target of bullying is persistently downgraded to the point of either mental or psychological distress. It can be distinguished from other work related problems, in that it is not the intention of the perpetrator, but the action itself and its impact on the recipient that constitutes workplace bullying. An example of such behaviour is illustrated by the ritual humiliation of a doctor in training by their consultant, which could cease to be workplace banter and instead becomes a case of bullying. It is important to distinguish between bullying behaviour which is undermining and destructive and effective supervision which is supportive and developmental.<sup>44</sup>

As both bullying and harassment are linked to an abuse of power there are clear similarities between the two types of behaviour. However, there is an important difference in that harassment springs from discrimination. While harassment is often aimed at individuals on the grounds of their race, gender or sexuality etc, it can also be a form of bullying. Many forms of discrimination are outlawed by specific legislation and it is important that cases of harassment are identified as such.<sup>45</sup>

# Incidence of workplace bullying and harassment

Accusations of bullying and harassment are becoming arguably more common in medicine and as Paice and Firth-Cozens<sup>46</sup> suggest, this may be the result of a growing appreciation of the right of health staff not to tolerate bullying and harassment behaviour. They advocate that 'the perception of bullying has spread from the cruel and humiliating acts that were once part of medical folklore through to incidents that will clearly cause upset, but which are an inevitable part of the relationship between trainee and trainer'.<sup>47</sup>

According to the Healthcare Commission's NHS staff survey,<sup>48</sup> one in four NHS staff reported experiencing bullying and harassment in the previous 12 months from patients or their relatives and 15 per cent reported a similar experience from other staff. Furthermore, a fifth of medical and dental staff reported experiencing bullying or harassment from patients or service users and this increased to a quarter for doctors in training (table 1). Relatives of patients or service users were also a source of bullying and harassment, while almost one in 10 doctors and dentists reported experiencing bullying, harassment or abuse from colleagues. Further research commissioned by the Grampian University Hospitals NHS Trust found that around half of healthcare staff reported being bullied at work and that 'undue pressure to produce work' is the main cause of bullying.<sup>49</sup>

Research shows that workplace bullying and harassment of doctors occurs across the medical workforce, from medical students and junior doctors in training to consultants and general practitioners. Hicks<sup>50</sup> reports evidence of trainees being bullied by other trainees and consultants and managers who are being bullied and harassed by their senior colleagues. Quine<sup>51</sup> undertook a survey of workplace bullying in an NHS community trust and found that more than a third of respondents reported experiencing one or more types of bullying and a fifth described an incident in the past three months. The most frequent types of bullying behaviours included shifting the goal posts, withholding necessary information, undue pressure to produce work and freezing out, ignoring or excluding.

**Table 1: Reported experience of bullying, harassment or abuse by NHS medical and dental staff in the previous 12 months, 2005 (%)**

	<i>Source of bullying, harassment or abuse</i>			
	Patients/service users	Relatives of patients/service users	Manager/team leader	Colleagues
All medical and dental staff	20	16	7	8
Consultants (medical/dental)	20	18	8	9
Doctors in training (medical/dental)	25	20	5	8
Other staff (medical/dental)	20	14	6	8

Source: Healthcare Commission NHS staff survey (2006)

It has been argued that training is often seen as an 'initiation rite' into medicine, justifying the bullying and harassment that is often a feature of undergraduate medical culture.<sup>52,53,54</sup> Research in the USA has shown that the incidence of bullying and harassment of medical students is high, with up to half of graduating medical students reporting such an experience, with clinical rotations being the most common setting. Further research shows that between 40 per cent and 80 per cent of medical

students feel that they were mistreated during medical school, especially during the third year and in the specialties of surgery and obstetrics and gynaecology.<sup>55,56,57</sup> Wolf et al<sup>58</sup> found that the vast majority of medical students at the Louisiana State University School of Medicine reported mistreatment, with shouting and humiliation being most frequent. Over half of respondents reported sexual harassment—reported mainly by female students.

Respondents to a recent BMA survey of medical students<sup>59</sup> were asked whether they had ever been the victim of bullying/intimidation or discrimination while at medical school or on placement. Around a quarter stated that they had been bullied by other doctors, while 16 per cent reported being bullied by nurses. Ten per cent of respondents reported that they had been discriminated against by other doctors (table 2). Verbal abuse or exclusion by doctors, nurses and other students were commonly reported forms of bullying and harassment.

**Table 2 Respondents who have been a victim of bullying/intimidation or discrimination while at medical school or on placement (%)**

	Bullying/intimidation	Discrimination
From other students	5.3	3.4
From nurses	16.4	2.6
From doctors	22.9	10.5
From lecturers	4.5	2.2
From other staff	6.6	1.3

Source: BMA medical students welfare survey (2005).

According to a survey of London NHS staff,<sup>60</sup> one in four doctors have been involved in an incident of harassment in the past year. These have come predominantly from patients and their relatives and some have involved violence. Following nurses, midwives, healthcare assistants and technicians, the survey found that doctors and dentists were the most likely group of respondents to experience incidents of harassment in London NHS trusts/PCTs. These trends are also reflected in the results of a BMA survey of violence in the workplace,<sup>61</sup> where more than a third of respondents reported that they had experienced some form of violence or abuse in the workplace in the last year, including verbal abuse, threatening behaviour and physical assaults. Doctors in both hospital and general practice settings reported such behaviour, largely from patients and their friends or family, but also from PCT managers, medical directors, nurses and colleagues.

Hospital doctors in Northern Ireland report a range of bullying and harassment behaviour from both patients and colleagues. While a third of respondents reported being the subject of verbal abuse from a colleague, a fifth report being ignored or excluded by a colleague and one in 10 report exclusion by line managers.<sup>62</sup> Hoel's research<sup>63</sup> found that sex-based harassment and sexual harassment are more common in historically male-dominated specialties, such as surgery and emergency medicine.

Several studies have shown that workplace bullying and harassment is frequently experienced by junior doctors in training.<sup>64,65,66</sup> Quine's research<sup>67</sup> found that more than a third (37%) of junior doctors reported being bullied in the previous year and 84 per cent of these doctors had experienced at least one bullying behaviour. This often took the form of destructive innuendo and sarcasm, belittling behaviour, undue pressure to produce work, persistent and unjustified criticism of work, public humiliation and shifting the goal posts. Furthermore, the results of this study indicate that Black and Asian doctors are more likely to be bullied and females are more likely to be bullied than male doctors.

It has been suggested that staff and associate specialist (SAS) doctors are particularly vulnerable to workplace bullying and harassment. A recent BMA survey of SAS doctors<sup>68</sup> found that more than a third of respondents (38%) reported being subjected to workplace bullying from peers, senior staff and management in the last six months and 14 per cent reported experiencing such behaviour on at least a monthly basis. Furthermore, more than three-quarters (79%) reported having witnessed work colleagues being subjected to workplace bullying in the past six months. The most common reported forms of bullying and harassment behaviour included attempts to belittle and undermine work, withholding necessary information, freezing out, ignoring or exclusion, undue pressure to produce work, shifting the goal posts, undervaluing efforts at work, demoralising behaviour, removal of areas of responsibility without consultation and setting impossible deadlines.

Stebbing et al<sup>69</sup> found that job dissatisfaction, isolation and bullying among doctors holding research posts were unacceptably high and survey results suggest that many would not recommend their post to a colleague. Many of these respondents had experienced bullying and harassment in the workplace, often in the form of threats to their professional status and reputation, often felt overworked, unsupported or isolated. According to a survey of psychiatric trainees,<sup>70</sup> around half (47%) had been bullied in the previous year. Evidence suggests that consultants may also be bullied by other consultants and often feel intimidated by powerful and aggressive peers.<sup>71</sup>

# Who are the bullies?

It has been argued that bullies are attracted to the caring and health professions by opportunities to exercise power over vulnerable patients and employees. According to Field,<sup>72</sup> 'the sole purpose of bullying is to hide inadequacy and incompetence.' Paice and Firth-Cozens<sup>73</sup> identify two types of people accused of bullying: those who intend to hurt and who pick their victims in order to get pleasure or excitement from using their power and those in whom the accusation of bullying is linked to a disagreement over what represents normal social behaviour. Indeed, one bully admits that their behaviour 'stems not from my strength, but from my inadequacies-most significant being my lack of communication skills'.<sup>74</sup>

According to Houghton,<sup>75</sup> the aim of a bully is to gain power through fear. Nevertheless, many doctors accused of bullying or harassing behaviour are often surprised that their behaviour is interpreted in this way and may react defensively. Personality traits that may make someone be seen as a bully include being obsessional and a perfectionist. These personality features are arguably common among doctors. However, as Lloyd and Gatrell<sup>76</sup> suggest, being a perfect doctor for your patients and a perfect human being for your colleagues may not always be compatible and can ultimately cause difficulties.

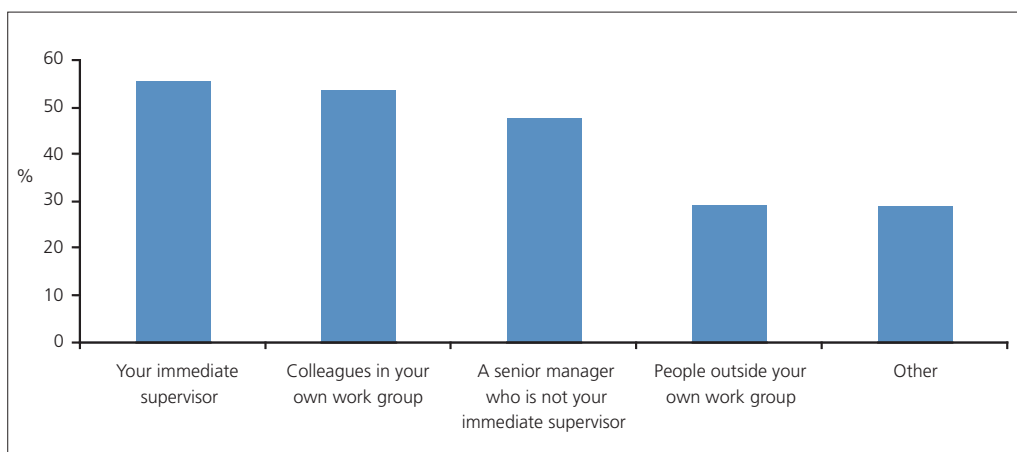
It is suggested<sup>77</sup> that being 'taught by humiliation' whereby medical students and doctors in training are publicly criticised for their lack of knowledge or are insulted or harassed, continues and many medical teachers and doctors still use negative reinforcement to supposedly stimulate learning. Bullying may have been used as a normal management practice for some time and continues partly, because it appears to work. Role modelling aggressive senior doctors who seem effective also continues. As Paice and Firth-Cozens argue, 'if you feel bullied, you are more likely to bully others'.<sup>78</sup>

According to the CIPD,<sup>79</sup> the most likely roles for those accused of bullying are line managers and peer colleagues. This is supported by Quine's research in an NHS community trust,<sup>80</sup> which found that the most common bully was the senior or line manager (54%), followed by someone at the same level of seniority (34%). It has been suggested that the medical hierarchy in the United Kingdom fosters bullying and harassment, where bullies are viewed as tough managers doing what they can in the face of increasing accountability and heavy workloads. Hospital managers obsessed with meeting government targets may foster a culture of bullying and intimidation.<sup>81</sup>

Evidence suggests that in many cases, bullying and harassment behaviour experienced by doctors is perpetrated by other doctors in a pecking order of seniority, although nurses and midwives are also sources of negative behaviour, particularly towards junior doctors.<sup>82</sup> The relatively transient nature of short-term placements in doctors' training may facilitate and perpetuate a cycle of bullying behaviour, often by non-medical staff. Further research carried out by Quine<sup>83</sup> showed that immediate team leader, colleagues in the same work group and peers outside the same work group were the most common sources of bullying for junior doctors. Furthermore, the vast majority (96%) of doctors who reported experiencing bullying behaviour, also reported being bullied by more than one person.

According to a recent BMA survey of SAS doctors,<sup>84</sup> the most common source of bullying and harassment was immediate supervisors and team leaders, followed by colleagues in the same work group and senior managers (figure 1). In more than half of cases (52%), respondents reported that the people involved in the bullying were of the same gender as the respondent, while almost a third (29%) report experiencing bullying from people of both genders. This supports the findings of a London survey of doctors in training which found no connection between bullying and gender or speciality.<sup>85</sup> Further evidence suggests that bullying is not a gender issue, although it has been suggested that a bully prefers a same-sex target on the basis that one knows one's own gender.<sup>86</sup>

**Figure 1 Source of bullying behaviour according to SAS doctors, 2005**



Source: BMA study of workplace bullying among staff and associate specialist group of doctors (2006)

It is important to recognise that although much of the literature focuses on the bullying of junior doctors and medical students, the problem is nonetheless apparent among senior doctors and anecdotal evidence suggests that consultants may be bullied by other consultants or senior managers. General practitioners in Wales have recently complained of being bullied and harassed by health boards.<sup>87</sup>

# Reporting bullying behaviour

Quine<sup>88</sup> argues that bullying and harassment is not a purely subjective phenomenon and provides evidence to show that many witness the bullying of others, but do not report such incidences. According to a UNISON survey, 95 per cent of respondents thought that bullying occurred because workers were too scared to report it and 94 per cent because the bullies could get away with it.<sup>89</sup> Evidence suggests that few people who feel bullied or harassed have the courage to confront the perceived perpetrator directly. Research undertaken on the direct experience of bullying indicates that while more than half of respondents (56%) started looking for another job, 54 per cent discussed the incident with family or friends and 42 per cent talked with colleagues, less than a fifth (17%) made an informal complaint and less than one in 10 (9%) made a formal complaint.<sup>90</sup>

Anecdotal evidence suggests that doctors are less likely to admit to experiencing bullying and harassment compared to other healthcare workers.<sup>91</sup> Some argue<sup>92</sup> that the established culture of the medical profession is one that potentially perpetuates an environment of bullying and harassment, especially during training. The perceived culture of 'professional discretion', a reluctance to 'whistleblow' and the degree of learned tolerance acquired during medical school and the necessity of a good reference at the end of a job, all act as powerful pressures to inhibit action in the face of bullying and harassment. Seeking help may also be seen as an admission of failure or even as being antisocial. Many suffer in silence because of fear of their own career progression and may try to cope by regarding such behaviour as 'part of the job'.

Three out of five respondents to a BMA survey of SAS doctors<sup>93</sup> reported that they attempted to do something in response to experiencing bullying. The main course of action included talking to a friend/colleague, followed by ignoring the bully, reporting the incident to their line manager, and confronting the bully/asking them to stop (table 3). However, less than a fifth (17%) of respondents report that a satisfactory outcome was reached.

**Table 3 Course of action taken by SAS doctors in response to bullying behaviour experienced at work\* (n=168)**

	Frequency	Percent
Talk to a friend or colleague	93	91.2
Ignore the bully	52	56.5
Report it to your line manager	47	51.1
Take some other action	24	30.8
Confront the bully/ask them to stop	45	26.8
Report it to your union representative	21	23.6
Report it to personnel	17	19.5
Make a formal complaint	12	13.6
Threaten to tell others	9	10.5
Ask for a transfer	5	5.9

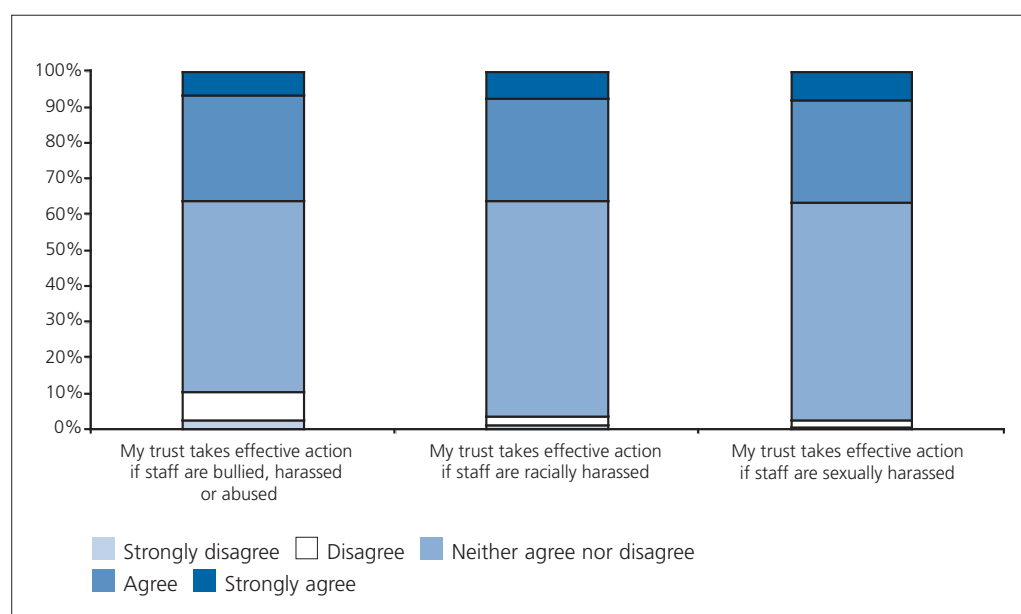
\* multiple response question

Source: BMA study of workplace bullying among staff and associate specialist group of doctors (2006)

In many cases, those who are bullied are often unsure how to access help and when they attempt to do so, the results are often unsatisfactory. A survey of psychiatric trainees<sup>94</sup> in the West Midlands showed that less than half (46%) knew whom to contact if they were bullied. According to the Healthcare Commission's survey of NHS staff,<sup>95</sup> although three quarters of all medical and dental staff reporting that they would know how to report an incidence of bullying or harassment, of the staff

who reported having experienced such incidents, only a third (35%) actually had reported it. Furthermore, only a third of medical and dental staff agreed that their trust takes effective action if staff are bullied, abused, racially or sexually harassed (figure 2). According to a BMA survey of medical students,<sup>96</sup> the rights of students with regard to bullying and harassment are often not made clear by the medical school, and few respondents knew whether their medical school had a policy on whistleblowing. Furthermore, there was also considerable uncertainty about the degree of support available for individuals who whistleblow.

**Figure 2 Whether NHS trust takes effective action if staff are bullied and harassed according to medical and dental staff, 2005**



Source: Healthcare Commission NHS staff survey, 2006

According to survey evidence,<sup>97</sup> foreign doctors are less likely to take action when bullied than local doctors. It is suggested that although foreign doctors training in the UK may be particularly vulnerable, they are less likely to take action when bullied by local doctors. In many cases, foreign doctors will have a great deal invested in completing their training in the UK and it may be that incentives to keeping quiet and colluding, outweigh the incentives to challenge bullying behaviour.

While recognition of the problem of bullying and harassment in the workplace is increasing, the lack of reporting of problems by victims, may mask the true extent of the problem.<sup>98</sup> It has been argued<sup>99</sup> that a culture of secrecy exists in the NHS which prevents people from speaking out and reporting bullying and harassment behaviour. The implications for the retention of the medical workforce are significant.



# Impacts of workplace bullying and harassment

It is generally agreed that bullying and harassment thrive in a workplace culture where it progresses unchallenged, and is ignored or treated with a 'head in the sand' mentality. According to research undertaken by UMIST, those respondents who reported being bullied within the last six months consistently reported the poorest health, the lowest work motivation, the highest absenteeism figures and the lowest productivity compared to those who were not bullied. Those who witnessed bullying at work were also more likely to report poorer health and lower morale than those who had worked in a bully-free environment.<sup>100</sup> Hence, this is an important issue for the health service because of its potential impact on staff health, retention and patient care.<sup>101,102,103</sup>

A survey of London NHS staff<sup>104</sup> reports that one in five respondents agree that bullying and harassment exists in their working environment. Verbal harassment is closely linked with bullying in the minds of employees and those staff who have been verbally abused do not believe that the work environment is free from bullying and harassment. Furthermore, staff who have been harassed are more likely to report losing sleep over work problems and find that the demands of their job seriously interfere with their private lives. Those staff<sup>105</sup> who reported experiencing an incident of bullying or harassment, were almost twice as likely to leave their current position.

According to a UNISON survey, anger, stress and powerlessness are the most common reactions to being persistently bullied and harassed. Three-quarters (76%) of those who were being bullied reported some damage to their health. Stress, depression and lowered self-confidence were the most common non-physical complaints.<sup>106</sup> Staff who experienced bullying behaviour report lower levels of job satisfaction and higher levels of job-induced stress. They were more likely to be clinically anxious and depressed, have low self esteem and were more likely to report wanting to leave. Furthermore, bullying contributes to high rates of staff turnover, impaired performance, lower productivity and loss of trained staff.<sup>107</sup> According to Hoel,<sup>108</sup> bullying and harassment may be related to a number of health problems including psychosomatic stress symptoms such as stomach upset, muscular aches and insomnia and psychological problems including depression and anxiety.

A further impact of workplace bullying and harassment of doctors is increased sick leave. Despite evidence which suggests that doctors are more likely than any other profession to work through illness,<sup>109,110</sup> workplace bullying is associated with an increase in sickness absence. Kivimaki et al<sup>111</sup> found that bullying was associated more strongly with medically certified sickness absence than with self-certified sickness absence. Bullying and harassment of doctors in training and medical students has both educational and personal impacts. The personal and psychological effects have been outlined above. The educational effects may include a poor learning environment, lack of confidence and insecurity in skills, lack of initiative and a negative attitude towards the specialty in which they are training.<sup>112</sup>

Stress and bullying may lead to poor health, and this in turn may result in an increased susceptibility to becoming a victim of bullying. Quine<sup>113</sup> suggests that high levels of bullying and harassment of junior doctors, suggest that these negative experiences are a part of many junior doctors' perceptions and experience. The impact of this may result in high levels of anxiety and depression, ignoring the needs of patients and future mistreatment of others by those who have been mistreated. Ultimately, patient care may suffer in an intimidating environment, where bullying and harassment of doctors is occurring. It is suggested that demoralised doctors may not seek advice or help when it is needed and may not report mistakes or admit uncertainty, possibly putting patients at risk.<sup>114</sup>

Bullying and harassment cause immediate and often long-term disruption to interpersonal relationships, the organisation of work and the overall working environment. Cost factors will include direct costs such as those deriving from absenteeism, staff turnover, accidents, illness and disability. Further indirect costs could include diminishing function and performance, reduced morale and motivation and quality of patient care.<sup>115</sup> The consequences of bullying and harassment of the medical profession are huge in terms of recruitment and retention. Evidence suggests that being bullied or harassed is a key reason for reduced morale and demotivation of the medical workforce<sup>116</sup> and in some cases, the reason some NHS doctors leave the profession.<sup>117</sup> Hence the impact of workplace bullying and harassment has important implications for the recruitment and retention of doctors within the NHS.

# Identifying good practice

Raising awareness of bullying and harassment in the medical profession is crucial if the problem is to be stemmed and learning how to recognise and react to such behaviour should become part of medical training at all levels. As part of the Department of Health's 'Improving Working Lives' initiative, all NHS organisations must produce evidence of how they are reducing harassment and bullying of staff. In most cases a dignity at work policy which sets out recommendations for tackling bullying and harassment at work is also in evidence. Several examples of good practice in this area are in evidence.

Following a review by the Healthcare Commission, the Devonshire Partnership NHS Trust has been commended on its efforts to tackle allegations of bullying and harassment and improving staff morale and working relationships at the trust. Initially high levels of reported abuse and harassment by staff at the Devon Partnership NHS Trust, were reduced significantly within two years, from around a third of staff in 2003 to around 10 per cent in 2005. A direct hotline for staff to the chief executive helped achieve this decline in the rate of complaints.

In tackling racial harassment, one NHS trust appointed a designated person to focus on changing the organisation's culture and attitudes to race. The trust attempted to build a positive open minded organisation through raising awareness and developing its senior staff from ethnic minorities.<sup>118</sup> A further case study demonstrates how Barnsley Hospital NHS Foundation Trust has appointed harassment support workers through a successful 'Partnership' bid. The harassment support workers are a group of 10 individuals who have received special training for the role in the organisation. The role of the harassment support worker is to provide empathetic assistance to employees with complaints of harassment and bullying, explain how the procedures for making a complaint operate both informally and formally and help establish and support both alleged harassers and complainants through the process.<sup>119</sup>

Attempts by the Kent, Sussex and Surrey Deanery in tackling bullying have focused on shifting the culture, at the organisational level, rather than focusing on individuals. A declaration of zero tolerance of workplace bullying was introduced across the deanery and trusts and it was made clear that bullying included any form of discrimination or victimisation on the grounds of race, sex, disability or sexuality. The declaration also explicitly identified a range of inappropriate behaviours that should be avoided. In order to reinforce this declaration, all forms of contract between the trusts and deanery would include this mandatory clause. The deanery is not prepared to tolerate bullying or intimidation of doctors in training and requires the trusts to have in place appropriate policies and where bullying or harassment is discovered, to take appropriate action. The deanery is also informed of any such situation and of the measures taken. In order to improve the effectiveness of these interventions awareness of these policies is also raised with trainees at induction and included in trust handbooks. The deanery is also aiming to make it easier for junior doctors to access confidential help. Teaching the appropriate skills to those who deal with the problem of bullying and harassment locally is an inherent part of this process. Furthermore, the deanery view targeting of the senior registrar grade and new consultants moving into positions of some influence over the formation and functioning of clinical teams, as key.<sup>120</sup>

Lessons can also be learned from good practice which exists outside of the medical profession. Along with the NHS, the Royal Mail has one of the worst records on workplace bullying and harassment. As part of its campaign to tackle the high incidence of bullying and harassment of workers within Royal Mail, a 24/7 hotline was established, a harassment database created, an advice network established to train CWU union reps and an advice booklet was distributed to all members on how to deal with harassment.<sup>121</sup>

The Royal College of Nurses (RCN) has been involved with a wide range of healthcare organisations in the NHS and independent sector to develop guidance for managers and RCN negotiators on good practice in dealing with workplace bullying and harassment.<sup>122</sup> However, the RCN acknowledges that effectiveness of an antibullying and harassment initiative, and the development of a healthy workplace culture, require more than policy statements and agreed procedures. This good practice guidance looks at what else is needed to achieve success and ensure the organisation performs effectively. The RCN has also published a guide for members on dealing with bullying and harassment at work as part of the 'Working Well Initiative'.<sup>123</sup>

ACAS has recently launched a new free online learning course to help employers understand and prevent bullying in the workplace. The online course shows employers how to recognise and deal with bullying and harassment, and provides good practice advice on the best way to develop clear and accessible policies. The topics covered include definitions of bullying and harassment, recognition and prevention, how to deal with bullying and harassment and the consequences of inaction.

## Areas for further attention

Workplace bullying and harassment are now well-recognised problems across the health service, and particularly within the medical profession. In response to this, the BMA advocates raising awareness of the problem in order to assist all doctors to fully understand the subtleties of bullying and harassment in the workplace. Before the problem of bullying and harassment in the workplace can be effectively addressed, a consensus on what constitutes the problem must be reached. Identification of the nature and extent of the problem in the workplace is crucial, but not always straightforward. It is argued that in order to tackle workplace bullying and harassment, it is necessary to define the types of behaviour considered unacceptable and to provide examples of what is meant by it, to ensure complete understanding by all parties.<sup>124</sup> According to Scott,<sup>125</sup> some confusion may exist in the medical profession whereby 'firm management is perceived to be good management by some staff and bullying and harassment by others'.

The medical profession is under ever increasing scrutiny and levels of accountability. This coupled with increasing workloads and pressures imposed by government targets and patient demand create an environment of potential stress and competition, and a culture in which bullying and harassment behaviour might thrive. It may be argued that the high pressure environment of the NHS has created a culture in which bullying is part of life for many healthcare professionals. Nevertheless, bullying and harassment effectively undermines the ethos of the NHS and is ultimately detrimental to patient care.

It has been argued that developing a coherent and manageable policy framework for the NHS to tackle the area of bullying and harassment will be a difficult task.<sup>126</sup> Outside the NHS, a recent study suggests that tackling the problem of harassment rests on changing the culture within organisations.<sup>127</sup> Increasing awareness of the problems faced by doctors may help to alleviate the problems faced. Moving away from a culture that accepts and expects that stress and bullying is inevitable and working towards improving working conditions for the profession is crucial.

The Healthcare Commission has called on all NHS organisations to ensure that they adopt a zero tolerance approach to the issue. Neither bullying and harassment of staff nor the perception of it can be tolerated. A clear and consistent approach on how to deal with staff grievances is crucial in providing a good working environment, which will in turn lead to a better service for patients. Employers must take action to prevent bullying and harassment, encourage incidents to be reported and ensure that satisfactory solutions are applied when problems arise. The sensitivities surrounding bullying and harassment have important implications for the design and effective policies and procedures to prevent it occurring. Most trusts and deaneries should now have a policy in place for dealing with this behaviour. However, simply having a policy does not automatically change cultures and behaviours. It is important that all staff are familiar with their local policies for dealing with the issue and policies and procedures are regularly reviewed to ensure that they are appropriate and effective.

The BMA is committed to equality and diversity within medicine and healthcare and deplores the fact that bullying and harassment of doctors remains part of the NHS culture\*. There is a need to move from policies that are essentially remedial and responsive to those that shift the culture in a positive direction. This must be focused at all levels and undertaken where possible, in a multiprofessional context. Although policies and procedures are a crucial step towards tackling workplace bullying and harassment, they alone are not sufficient to eradicate the problem. The following are some suggested ways forward.

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\* For further information of BMA guidelines for dealing with discrimination see <http://www.bma.org.uk/ap.nsf/Content/discrimination>

## Suggested ways forward

- A zero tolerance approach to bullying and harassment has to be implemented from the top of an organisation. Zero tolerance of bullying and harassment must be made explicit in all deanery and trust contracts.
- Every NHS organisation, including all deaneries and those involved in training should have a policy for dealing with bullying and harassment at work. (see for example the model policy from NHS Employers (<http://www.nhsemployers.org/practice/practice-1006.cfm>) This should include a statement that bullying and harassment will not be tolerated and that such behaviour could result in disciplinary action. The policy should be effectively implemented and include procedures for monitoring the incidence of bullying and harassment so that appropriate action can be taken, eg where patterns of behaviour are identified. The policy should be reviewed on a regular basis.
- Guidance aimed at the specific issues facing students may prevent the incidence of bullying and harassment at medical school. The BMA's Medical Students Committee is currently developing such guidance.
- A climate of openness and dialogue within NHS organisations in which staff feel free to raise concerns in a reasonable and responsible way, without fear of victimisation should be fostered. Victims should be offered informal and formal routes, and be assured that their complaint will be handled confidentially and that they will be protected from victimisation. Furthermore, witnesses and other third parties who are aware of the bullying and harassment should feel empowered to challenge the situation or report it to an appropriate manager or colleague.
- Once a policy has been agreed it should be widely publicised to new and existing staff. Training for staff must take place at all levels. It should be specific, appropriate and updated regularly. Training should address local requirements and adequately equip staff to deal with the problem of workplace bullying and harassment at the local level.
- Raising awareness of bullying and harassment in the medical profession is crucial if the problem is to be stemmed. Education on how to recognise and react to such behaviour should become part of medical training at all levels. Employers must invest in appropriate personal development and training for senior medical staff to adequately equip them to take on the management and leadership roles required of them. It has been argued that doctors, particularly newly appointed consultants, are ill-equipped to take on many of the management and leadership roles expected of them.
- If the problem of bullying and harassment in the workplace is to be successfully tackled, support must be provided for all parties involved. This includes confidential, non-judgemental support for the complainant and any witnesses, and also remedial support for those alleged perpetrators. Such support might include trained support workers, counselling, occupational health service, trade unions and independent mediators. The BMA provides support to members through askBMA, Doctors for Doctors Unit and the BMA counselling service. If a BMA member considers that they may have been subjected to harassment or discriminated against they should contact askBMA at the earliest opportunity.

# Useful contacts

## **BMA Counselling Service and Doctors for Doctors**

### **The BMA Counselling Service**

The BMA Counselling Service is staffed by professional telephone counsellors, 24-hours a day, seven days a week. All counsellors are members of the British Association for Counselling and Psychotherapy and are bound by strict codes of confidentiality and ethical practice.

The service is confidential, and when making contact you can choose to remain anonymous. It is available to you and members of your family who normally live with you, including children up to the age of 21 even if they are at university.

The counsellors are there to help you deal with a wide variety of issues including the pressures and stresses of work – and the impact of this on family life – relationship problems, concerns about children and other family members, and issues relating to mental health. The service can also help address alcohol or drug misuse, and provides information about other specialist resources available to you.

By seeking constructive and supportive help from the service, you may identify ways of addressing the root causes of the problem, develop strategies to reduce the impact of the consequences and rebuild self-confidence.

Ongoing counselling is available and you can arrange regular appointments. There is no restriction on the number of calls you can make and, having spoken to a counsellor, you can request to speak to that person again. It may be more helpful to speak to the same counsellor each time, giving you continuity of care and providing you with more effective support and assistance.

### **Doctors for Doctors**

Doctors for Doctors is an enhancement of the BMA Counselling Service giving doctors in distress or difficulty the choice of speaking in confidence to another doctor.

If you wish to speak to a doctor-adviser you will be given the name of a doctor to contact and details of their availability. The service is not an 'emergency service'. In an emergency you should obtain appropriate help from either your GP or usual medical adviser.

The doctor-adviser works with you to gain insight into your problems, supporting and helping you to move on by adopting a holistic approach to your situation. A wide range of problems are dealt with such as drug and alcohol problems, bullying at work and mental health issues, as well as with doctors who have been referred to the General Medical Council (GMC) or the National Clinical Assessment Service.

The Doctors for Doctors service is not able to provide an advocacy service or represent doctors at tribunals or GMC hearings, etc. The Doctors for Doctors service is completely confidential and is not linked to any other external or internal agencies. Any data recorded is anonymised and used to focus resources appropriately, and for lobbying for improved services for doctors' health issues.

[www.bma.org.uk/doctorsfordoctors](http://www.bma.org.uk/doctorsfordoctors)

### **Andrea Adams Trust**

The Andrea Adams Trust is the world's only non-political, non-profit making charity operating as the focus for the diverse and complex problems caused by bullying behaviour in the workplace. As the UK's leading authority on workplace bullying, the Andrea Adams Trust is committed not only to helping organisations and individuals to deal with this problem, but also to extending our understanding of the nature and scale of the workplace bullying through in-depth research.

[www.andreadamstrust.org](http://www.andreadamstrust.org)

### **Bully OnLine**

Bully OnLine is the web site of the UK National Workplace Bullying Advice Line and the world's leading source of bullying help with extensive resources on workplace bullying and related issues. Bully OnLine, where Tim Field shares his unique insight into workplace bullying, gives you the knowledge to identify, understand and tackle a common cause of stress, anxiety, waste, inefficiency, dysfunction, ill health, cost, and litigation. Bully OnLine also contains pages on harassment, workplace violence, family bullying, domestic abuse, trauma, Complex PTSD, suicide, child bullying, bullying in schools, stalking, and other related issues.

[www.bullyonline.org](http://www.bullyonline.org)

### **Dignity at Work Partnership**

Amicus is heading this vital initiative in collaboration with industry leaders such as BT, BAE Systems, the Chemical Industries Association, Legal and General, Remploy and Royal Mail, and the anti bullying charity, Andrea Adams Trust. The aim is to encourage employee representatives and employers to build cultures in which respect for individuals is regarded as an essential part of the conduct of all those who work in the organisation. The project will also increase awareness and knowledge of 'dignity at work' issues, and encourage the development of partnership working in the workplace through the promotion of joint working on dignity at work.

[www.dignityatwork.org](http://www.dignityatwork.org)



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