

Workplace Behaviour Report 2019

Background

Sadly undermining and bullying continues to be a problem in obstetrics and gynaecology after it was highlighted in the 2013 GMC Trainees survey (1). Subsequent introduction of the RCOG “Bullying and Undermining Toolkit” (2), the introduction of the regional workplace behaviours champions and collaborations with the Royal College of Midwives (RCM) have aimed to address the issue. Bullying costs the NHS approximately £2.28 Billion per year (3) and evidence suggests it also impacts patient care and safety (4). The RCOG continue to work with the RCM and the Royal College of Surgeons of Edinburgh and other NHS organisations to tackle this issue. This includes the recent “Tackling Undermining and Bullying in the NHS” which took place on 4th April 2019. We wanted to address specific issues within the trainees evaluation survey.

Training Issues/ Questions

From previous reports we know that rates have been essentially static, we know what behaviours are seen and that behaviours are not always reported for fear of lack of support or adverse career progression.

Following last year’s report we wanted to see:

- Are behaviours being reported
- Is reporting effective- i.e. do behaviours improve
- Is the role of the Workplace Behaviour Champions working effectively

(A) Did bullying and undermining of trainees look the same as in 2018?

- 1) What are the rates of undermining/bullying?
- 2) ‘Who’ is most affected by undermining/bullying-demographic trends?
- 3) What types of negative behaviours are reported?
- 4) Who is subjecting trainees to these unprofessional behaviours?

(B) Is negative workplace behaviour being managed effectively? if not then why not?

- 5) Is undermining and bullying being reported? If so, what was the outcome? If not, why not?
- 6) Is the role of the Workplace Behaviour Champion working effectively?

(C) Are there wider trends relating to WPB?

Analysis

Did bullying and undermining of trainees look the same as in 2018?

1) What are the rates of undermining/bullying?

TEF Q7.1 'In this post, I was NOT subjected to persistent behaviours by others which have eroded my professional confidence or self esteem'

Year	Strongly Agreed	Agreed	Neither agreed/ disagreed	Disagree	Strongly disagree	Total responses
2019	684	813	152	77	22	1748
	1479 (85.6%)		152 (8.7%)	99 (5.7%)		
2018	722	839	112	62	19	1754
	1561 (89.0%)		112 (6.4%)	81 (4.6%)		
2017	597	697	98	54	11	1457
	1294 (88.8%)		112 (6.7%)	65 (4.5%)		

TEF Q7.5 'In this post, I did NOT witness other specialist trainees being subject to persistent behaviours by others which has erode their professional confidence or self esteem'

Year	Strongly Agreed	Agreed	Neither agreed/ disagreed	Disagree	Strongly disagree	Total responses
2019	586	843	209	84	26	1748
	1429 (81.8%)		209(12.0%)	110 (6.3%)		
2018	608	864	179	84	19	1754
	1472 (83.9%)		179(10.2%)	103 (5.9%)		
2017	512	721	157	60	7	1457
	1233 (84.6%)		157(10.8%)	67 (4.6%)		

2) 'Who' is most affected by undermining/bullying-demographic trends?

Rates of undermining/bullying (disagree or strongly disagree with Q7.1) by demographic subgroups are below.

- Gender:

Male	20/351	5.7%
Female	78/1376	22.2%
Unspecified	1/21	4.8%

- Disability:

Considers self disabled	1/20	5.0%
Does not consider self disabled	95/1710	5.6%
Unspecified	3/18	16.7%

- Training Grade:

ST1/2	32/531	6.0%
ST3-5	49/754	6.5%
ST6/7	14/364	3.8%
Sub specialty	2/63	3.2%
Other	2/36	5.6%

- Ethnicity:

Black	3/16	18.8%
Multiple	2/16	12.5%
Mixed	7/68	10.3%
Asian British	14/144	9.7%
Asian	16/200	8.0%
African	5/66	7.6%
White	46/1056	4.4%
Unspecified	1/23	4.3%
Other	4/110	3.6%
Black British	1/38	2.6%
Caribbean	0/11	0%

- Full-time vs LTFT:

Fulltime	80/1359	5.9%
LTFT	19/380	5.0%
'other'	0/9	0%

3) What types of negative behaviours are reported?

TEF Q 7.15. 7.15. Please identify the types of behaviour you have witnessed or being subjected to (please select ALL that apply):

2019 Top 5 Unprofessional Behaviours reported	Number of times reported
Persistent attempts to belittle and undermine your work	101 (17.9%)
Persistent and unjustified criticism and monitoring of your work	87 (11.5%)
Persistent attempts to humiliate you in front of your colleagues	56 (10.0%)
Constant undervaluing of your efforts	45 (8.0%)
Freezing out, ignoring or excluding	43 (7.6%)

2018 Top 5 Unprofessional Behaviours reported	Number of times reported
Persistent attempts to belittle and undermine your work	87 (17.3%)
Persistent and unjustified criticism and monitoring of your work	78 (15.5%)
Persistent attempts to humiliate you in front of your colleagues	51 (10.1%)

Undermining your personal integrity	39 (7.7%)
Constant undervaluing of your efforts	39 (7.7%)

The top three adverse behaviours remained the same as 2018 although the number of overall responses of adverse behaviours rose from 501 to 562 examples.

4) Who is subjecting trainees to these unprofessional behaviours?

TEF 'who subjected you/your colleague to inappropriate workplace behaviour'

Role- top 5 (5 th position joint)	Number of responses	
Consultant in your department	99	39%
Senior Nursing or Midwifery Staff	46	18%
Senior trainee (ST3+)	23	9%
Junior Nursing or Midwifery Staff	20	8%
SAS Doctors (Staff grade or associate specialist) joint Educational Supervisor	12 each	5%

The top five groups named as causing inappropriate behaviour remained similar to last year's report with senior trainees and junior nursing or midwifery staff swapping 3rd and 4th place. SAS doctors remained in 5th place with educational supervisors disappointingly also occupying this position.

Is negative workplace behaviour being managed effectively? if not then why not?

5) Is undermining and bullying being reported? If so, what was the outcome? If not, why not?

49/99 (49.5%) trainees who reported being subjected to undermining/bullying went on to report it.

The top five reasons for non-reporting in this group were

Reasons for non-reporting among those subjected to undermining/bullying	
I was concerned reporting the issue would make the situation worse	13
I was concerned about the impact reporting the issue would have on my career	13
I felt I would not be supported if I reported the issue	13
The person I would normally report the issue to is the perpetrator	7
Other: The issue was already reported by another person, The behaviour stopped and has not recurred, I did not know who to report the issue to	4

The rate of reporting by trainees who witnessed undermining/bullying was 35/110 (31.9%).

The top reasons for non-reporting in this group was that the issue was

Reasons for non-reporting among those who witnessed undermining/bullying	
The issue was already reported by another person	24
I was concerned reporting the issue would make the situation worse	17
I felt I would not be supported if I reported the issue	13
The person I would normally report the issue to is the perpetrator	9
I was concerned about the impact reporting the issue would have on my career	6
Other: I did not know who to report the issue to, the behaviour stopped and has not recurred	6

Outcomes from reporting

Was reporting effective?

Yes: in 18/84 (21.4%) the issue was resolved and the behaviour stopped

No: 66/84 (78.6%)

23 The issue was addressed but not resolved and the behaviour continued

12 The issue was resolved but the behaviour recurred

13 The issue was not addressed and the behaviour continued

18 other

6) Is the role of the Workplace Behaviour Champion working effectively?

TEF Q7.9. 'I know who my regional work place behaviour champion is'

59/150 (39.3%) of trainees said they knew who their regional WPB champion was (agreed or strongly agreed)

TEF Q7.10. 'My regional work place behaviour champion is approachable and accessible'

For those that knew who their regional WPB champion was (agreed/strongly agreed to Q7.9) 46/59 (78.0%) felt they were approachable and accessible. 4/59 (6.8%) felt they were not. 9/59 (15.3%) were neutral.

TEF Q7.11. 'I contacted my workplace behaviour champion in relation to behaviour experienced or witnessed'

20 trainees contacted their regional WPB champion regarding behaviours.

TEF Q7.12. 'My regional workplace behaviour champion was helpful in tackling the issue'

14/20 (70.0%) of trainees said that their regional WPB champion was helpful in tackling the issue.

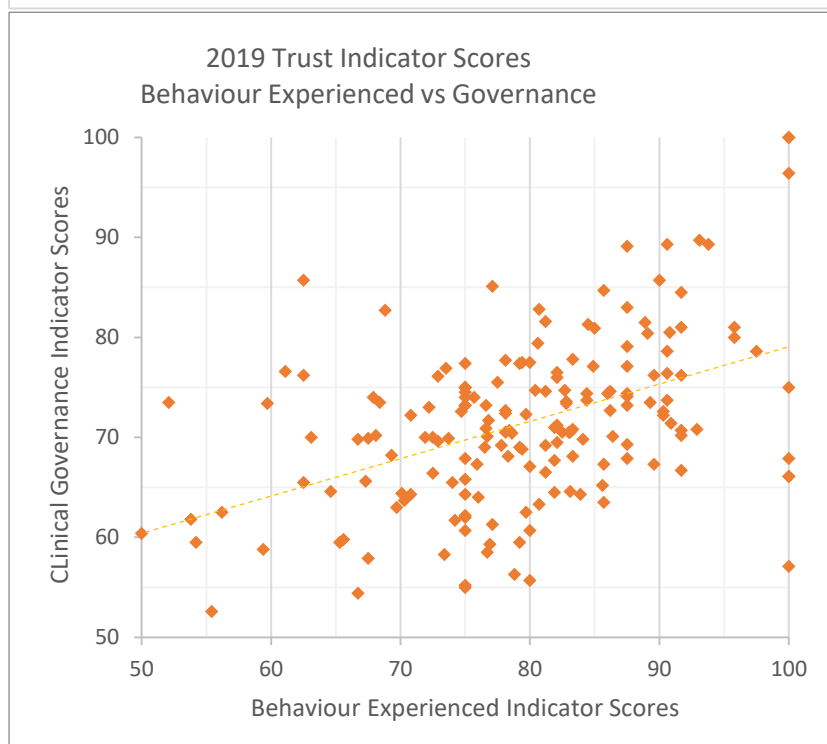
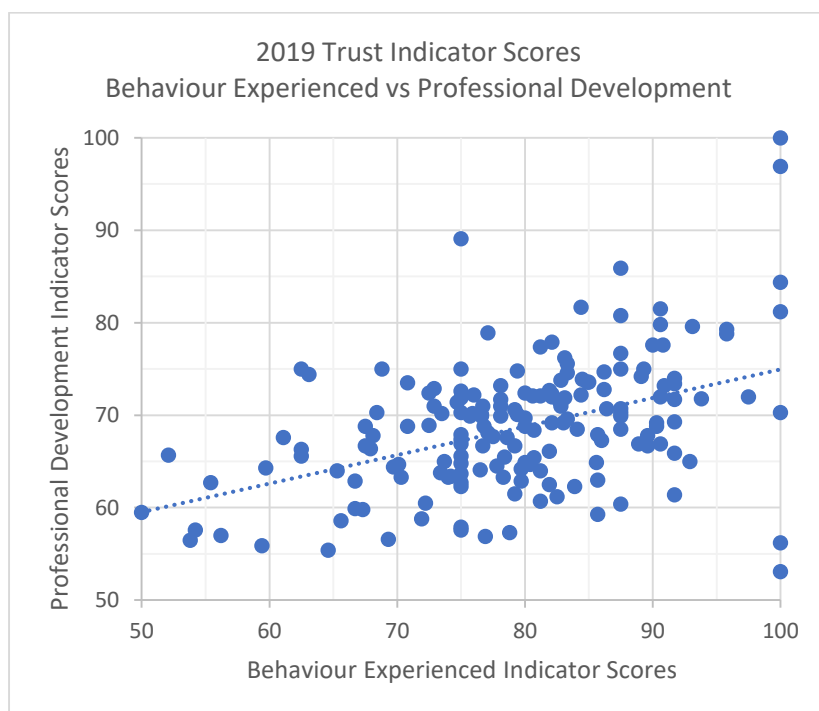
TEF Q7.13. 'Do you think the role of regional Workplace Behaviour Champion should continue in your deanery?'

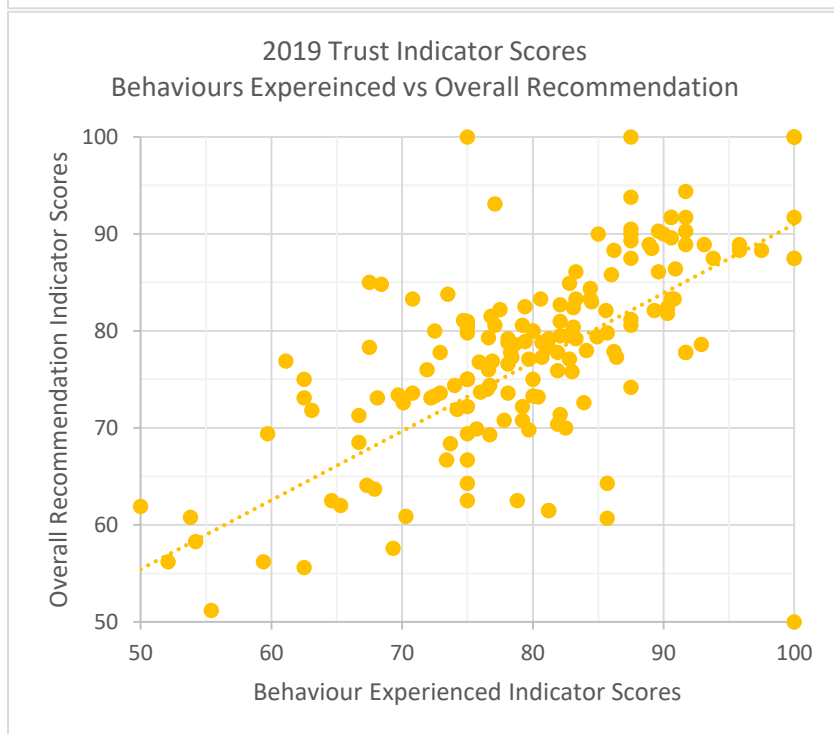
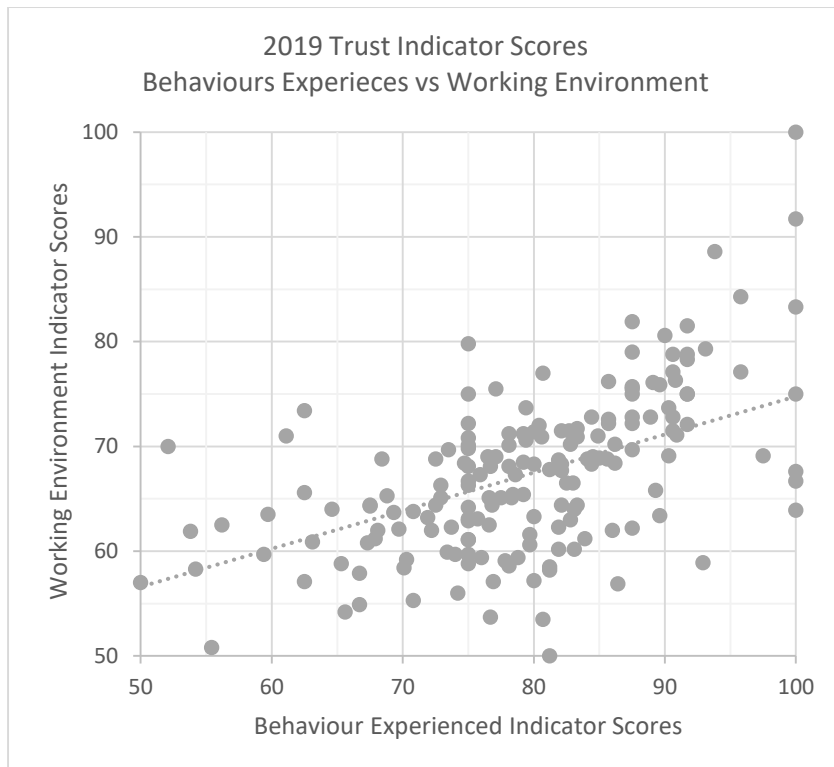
127/150 (84.7%) trainees reported that they did think that the WPB Champion role should continue in their deanery.

(C) Are there wider trends relating to WPB?

Indicator scores for Professional Development, Governance, Working Environment and Overall recommendation were plotted against the indicator scores for Behaviours Experienced to look for correlations. A score of 100 is the top score i.e. least reports of undermining/bullying.

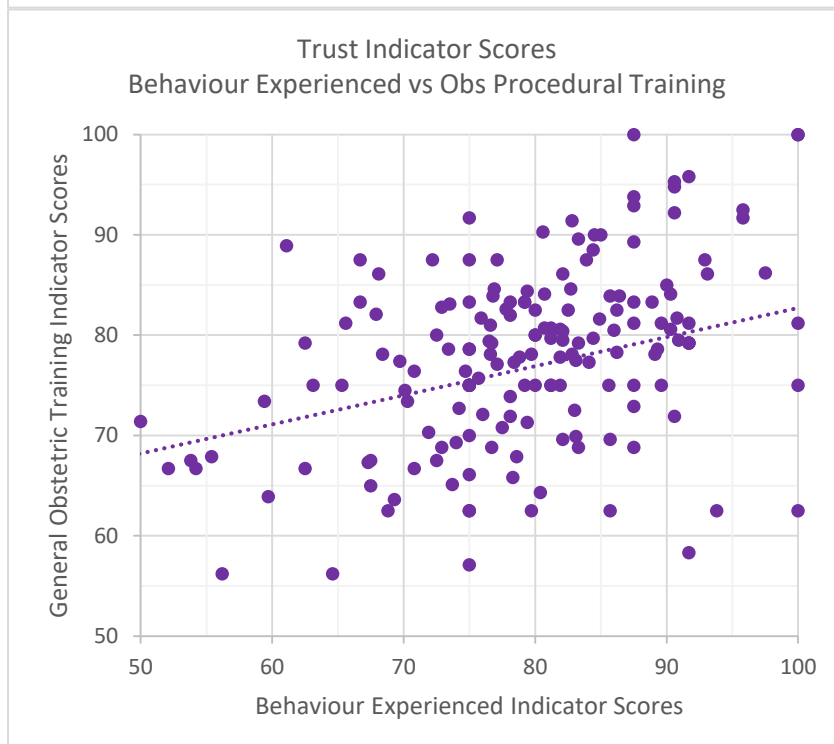
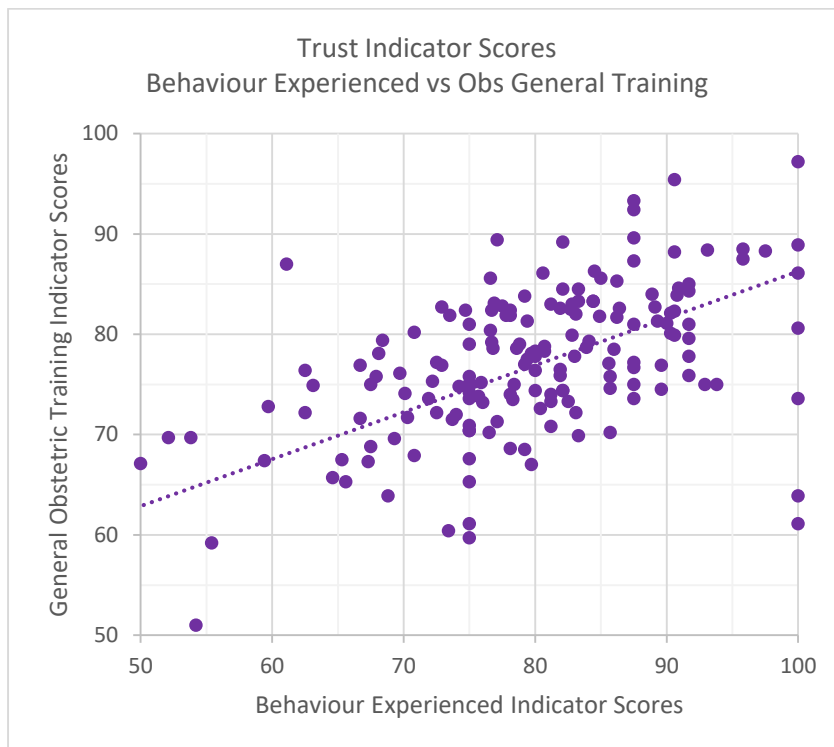
Graphs are below.

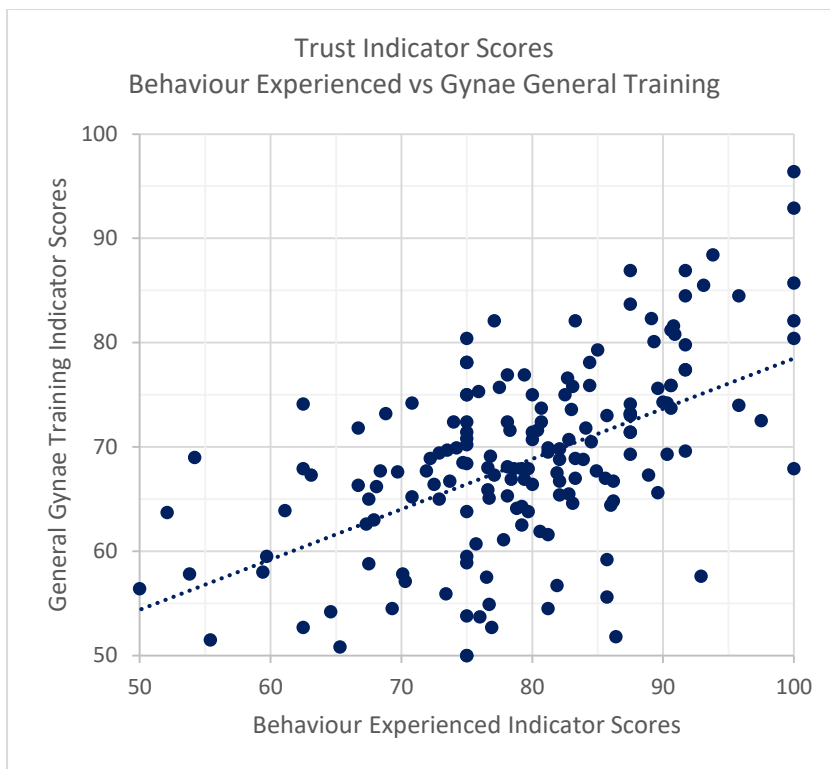




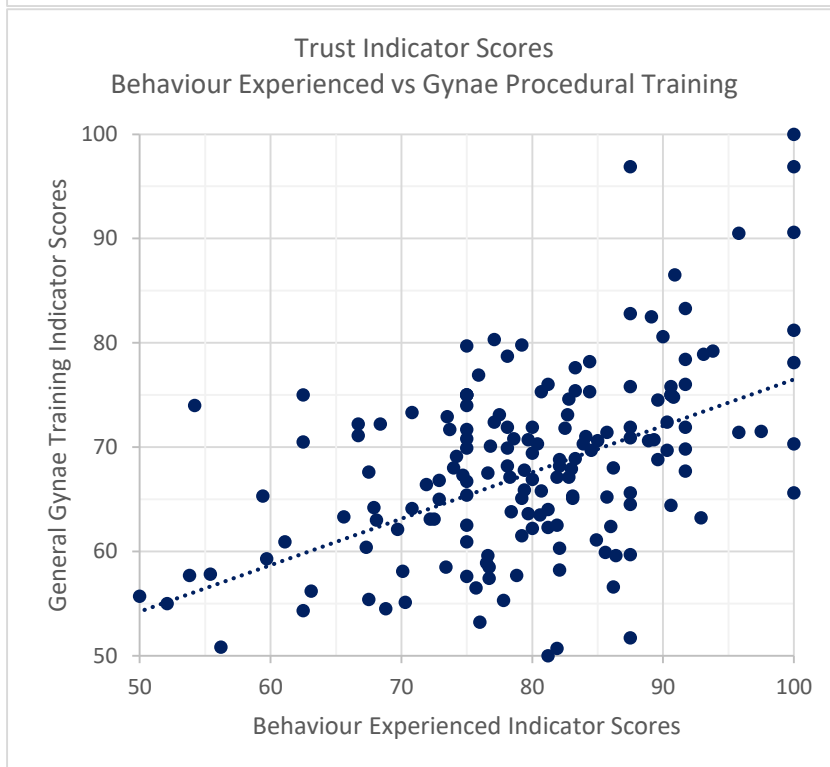
Positive correlations were again seen between indicator scores for Workplace Behaviour and Working Environment, Clinical Governance and Overall recommendation scores.

Positive correlations were also seen with the satisfaction with Obstetric and Gynaecology training.





7)



Regional Variations

Indicator scores for 'Behaviours Experienced' were compared regionally. A score of 100 is the top score i.e. least reports of undermining/bullying.

Indicator Scores for 'Behaviours Experienced' by region						
Deanery	Rank 2019	Indicator Score 2019	Rank 2018	Indicator Score 2018	Rank 2017	Indicator Score 2017
<i>UK</i>		78.2		79.5		
Peninsula	1	86.3	4	82.8	9	77.2
Wessex	2	85.3	1	87.3	4	80.4
Northern Ireland	3	85.0	3	84.6	3	81.7
East of England	4	80.4	6	81.8	8	77.2
Kent Surrey and Sussex	5	80.3	5	81.9	14	75.1
London	6	79.9	8	79.8	6	78.9
North Western	7	79.9	10	78.0	12	75.9
Severn	8	78.5	7	81.5	5	80.1
Scotland	9	78.4	12	77.1	13	75.5
East Midlands	10	77.2	11	77.7	15	74.8
Northern Deanery	11	77.0	16	74.4	7	77.9
Wales	12	76.8	14	76.5	16	69.6
Yorkshire & the Humber	13	75.4	13	77.0	10	76.6
Mersey	14	74.0	2	84.9	1	84.7
West Midlands	15	73.9	9	78.9	11	76.1
Oxford	16	65.3	15	76.0	2	83.9

Peninsula, Wessex and Northern Ireland remain in the top quartile for behaviours experienced. Mersey has notably fallen from 2nd to 14th rank this year with a large drop in score. Yorkshire and Oxford have been in the bottom quartile for two years running. As a deanery, Oxford has the lowest score for behaviours reported in the last three years.

When considering indicator score for 'Behaviours Experienced' in individual trusts:

- Eight trusts scored 100 but all had only one or two trainee responses.
- Derby Hospitals, Poole Hospital and Kingston Hospital NHS Foundation Trusts all scored over 95 and are note worthy.
- Five trusts scored below 50. Only three had greater than two trainees:
 - Scarborough and North East Yorkshire Health Care NHS Trust
 - George Eliot Hospital NHS Trust
 - Milton Keynes University Hospital NHS Foundation Trust

Review of 2018 detailed analysis report recommendations

Since the last report the title "local" behaviours advisor has been changed to regional and an online forum has just been set up for behaviours champions to improve contact. There is still a lack of awareness of who the regional champion is for some trainees however and email addresses need updating on the RCOG website in some cases. Work continues between the RCM and the newly appointed workplace behaviours advisor. There will be a workshop on workplace behaviours at the 2020 national trainees conference.

Conclusions

Rates of undermining behaviours experienced by trainees remain unacceptable at 5.7%, a slight increase from last year. Just under half of trainees who were subjected to bullying and undermining reported it. Trainees should not feel afraid to speak up about behaviours for fear of it affecting their career and should not feel that they would not be supported. Unfortunately the results of this survey suggests these fears persist. Sadly educational supervisors were named in 12 cases as exhibiting undermining behaviour and this correlates with trainees feeling unsupported if they raised the issue. This issue must be addressed. It is possible that much of this behaviour is unintended and we need to look at ways to educate and support trainees and trainers.

The numbers and types of behaviours described are disappointing. Behaviours do correlate with overall training experience for trainees in regions.

The majority of trainees who contacted their workplace behaviours champion found them helpful in tackling the issue but this was not always the case. Further specific feedback about this received by personal communication suggests this may be to do with the champion having limited influence. One of our recommendations is to address this at school board level. The majority of trainees felt that the workplace behaviours champions role should continue however. There are also some positive examples of resolution of adverse behaviour following reporting. Our challenge is to use the roles to promote positive behaviour as well as tackling adverse events.

Recommendations

1. Ensure workplace behaviours champions details are updated on website and trainees committees and heads of school promote their regional champion
2. Champions to be part of school management boards to regularly update school boards of regional and national issues
3. Ongoing work with trainees committee and workplace behaviour advisor and champions to empower trainees to speak up- forthcoming workshop at National Trainees Conference 2020
4. Review of expectation of workplace behaviours champions and review of undermining toolkit to include these recommendations
5. Consider funding for all workplace behaviour champions as those with funding have had greatest influence at school board level. This role demands considerable time and this needs to be recognised.
6. Ongoing work with Royal College of midwives
7. Workplace behaviours advisor and trainee representative to look at promotion of patient safety and good workplace behaviours
8. Regions and individual trusts who score highly should be encouraged to share good practice.

Report authors

Trainee representative for Workplace Behaviour, Dr Sarah Quinn
RCOG Workplace Behaviours Advisor, Dr Ellen Knox

References

1. GMC National Training Survey 2013. Narrative report- undermining https://www.gmc-uk.org/-/media/documents/nts-2013-autumn-report-undermining_pdf-54275779.pdf(accessed September 2019).
2. RCOG Undermining Toolkit. <https://www.rcog.org.uk/underminingtoolkit> (accessed September 2019).
3. Bullying costs NHS 2.3bn, finds study. <https://www.bma.org.uk/news/2018/october/bullying-costs-nhs-finds-study> (accessed September 2019).
4. Riskin A., Erez A., Foulk T.A., Kugelman A., Gover A., Shoris I., Riskin K.S., Bamberger P.A. The impact of rudeness on medical team performance: a randomized medical trial. 2015: 136 (3) <https://pediatrics.aappublications.org/content/136/3/487>