Thematic Report
Workplace Behaviours

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Introduction

The challenges faced by the O&G workforce are well documented. Doctors are working in a time when the NHS is under intense pressures with staff-shortages, increased patient complexity, poor working conditions and staff satisfaction and poor workplace behaviours and culture[1]. Within O&G this is exacerbated by intense media scrutiny following independent investigations such as the Ockenden Review and the Kirkup reviews, which make a link to poor workplace culture and behaviours as being part of the problem, negatively impacting on the quality of patient care[2],[3]. In addition, numerous reports on the retention of the medical workforce reiterate the need to improve working conditions including addressing bullying, harassment and discrimination[4],[5].

In addition to the impact on the workforce and patient care, bullying and undermining are known to drain limited NHS resources and is estimated to cost the NHS in England a colossal £2.3bn a year in sickness absence, employee turnover, productivity and relations.[6] The NHS Long Term Plan recognises that levels of bullying and harassment must come down if the NHS is to achieve its aim of becoming the best place of work and being an employer of excellence.

[1] Dixon-Woods M, Summers C, Morgan M, Patel K. The future of the NHS depends on its workforce BMJ 2024; 384 :e079474 doi:10.1136/bmj-2024-079474

[2] Dixon-Woods M. Learning from maternity service failures at East Kent Hospitals BMJ 2022; 379 :o2755 doi:10.1136/bmj.o2755

[3] Royal College of Obstetricians and Gynaecologists. RCOG Workforce Report 2022; https://www.rcog.org.uk/media/wuobyggr/rcog-workforce-report-2022.pdf

[4] British Medical Association. When a doctor leaves: Tackling the cost of attrition in the UK's health services 2024; https://www.bma.org.uk/media/gsmfle1o/tackling-the-cost-of-attrition-uks-health-services.pdf

[5] General Medical Council. Identifying Groups of Migrating Doctors 2023; https://www.gmc-uk.org/-/media/documents/identifying-groups-of-migrating-doctors-research-report_pdf-105936062.pdf

[6] Kline R. and Lewis D. (2018) The price of fear: Estimating the financial cost of bullying and harassment to the NHS in England. Public Money and Management. Vol. 39:3, pp. 166-174. DOI: 10.1080/09540962.2018.1535044

Figure 1: The promoting professionalism pyramid

Adapted from Hickson 2007*

Background

The aim of this report is to analyse the 2024 TEF data to assess the trainee perspective on workplace behaviours, with a particular focus on addressing the following:

1. Did bullying and undermining of trainees look the same as in previous years?
2. Is negative workplace behaviour being managed effectively? If not, then why is it not?
3. Are senior colleagues role modelling good medical leadership skills?
4. Factors affecting workforce behaviours including: on call requirements, rota gaps, work intensity.
5. The impact of workplace behaviours on attrition, burnout & wellbeing, recommendation and enjoyment of the unit, commendable deaneries and deaneries of concern.

Responses from the 1984 trainees that submitted their data to the 2024 TEF survey were analysed for this section of the report. This is an increase in the number of responses from the previous analysis of workplace behaviour (1851 and 1472 responses in the 2023 and 2021 reports respectively).

TEF Questions

Appendix A shows the list of questions from the 2024 TEF data analysed in this report.

Analysis

1. Did bullying and undermining of trainees look the same as in previous years?

This section of the report presents information on the number of trainees who reported being subjected to bullying and undermining behaviour. To understand if there are any trends

amongst the trainees affected by these behaviours, we analysed Q17.1.1 (in this post, I was subjected to persistent behaviours by others which have eroded my professional confidence or self-esteem?) in relation to a number of demographic categories including age, gender, ethnicity and the place from where they have received their primary medical qualification (UK, EEA, IMG). This informed the analysis to identify if there are any particular groups more vulnerable to negative workplace behaviour. In addition, where appropriate, the 2024 TEF data has been presented alongside the 2023 and 2021 data to assess trends in undermining and bullying behaviours.

a) What are the rates of undermining and bullying?

TEF Q 17.1.1 In this post, I was subjected to persistent behaviours by others which have eroded my professional confidence or self-esteem?

Persistent behaviours eroding professional confidence or self-esteem (Q17.1.1)	Agree + Strongly Agree	Disagree + Strongly Disagree	Neither Agree/ Disagree
2024	10% [54+133]	78% [931+621]	12% [245]
2023	12%	77.8%	10.2%
2021	15.3%	76.3%	8.4%

b) Demographics: 'Who' is most affected by undermining and bullying behaviours?

i) Age group of trainees who responded yes [agree + strongly agree] to being subjected to negative behaviours [Q 17.1.1]
Total responses: 186 (1 person did not disclose their age)

Age group	Agree + Strongly Agree
25-29 years	32
30-34 years	67
35-39 years	56
40-44 years	24
45-49 years	6
50-54 years	1

ii) Gender of trainees who responded yes [agree + strongly agree] to being subjected to negative behaviours [Q 17.1.1]

Gender	2024 Agree + Strongly Agree	Proportion subjected to negative behaviours in 2024
Female	148/1583	9.3%
Male	31/354	8.7%
Non-binary, prefer not to say or self-describe	8/47	17.02%

iii) Ethnicity of trainees who responded yes [agree + strongly agree] to being subjected to negative behaviours [Q 17.1.1]

Ethnicity	2024 Agree + Strongly Agree	Proportion subjected to negative behaviours in **2024**
White	61/1006	6%
Black	24/226	10.6%
Asian	59/478	12.3%
Other	16/121	13.2%
Mixed ethnic group	12/90	13.3%
Do not wish to disclose	15/63	23.8%

iv) Primary Medical Qualification (PMQ) of trainees who responded yes [agree + strongly agree] to being subjected to negative behaviours [Q 17.1.1] and the proportion of trainees who are either UK, IMG or EEA graduates in 2024 compared to 2021.

Place of PMQ	2024 Agree + Strongly Agree	Proportion subjected to negative behaviours in **2024**	Proportion subjected to negative behaviours in **2021**
UK	99/1401	7.06%	13.7%
EEA	15/113	13.2%	14.3%
IMG	72/484	14.8%	21.1%

Overall, the 2024 TEF data shows a slight improvement in overall levels of bullying and undermining behaviours, with a lower percentage of trainees (10%) disclosing that they have experienced these behaviours than in previous years (12%, 2023; 15.3%, 2021). The proportion of trainees who reported bullying or undermining behaviour were similar to 2021 but there does appear to be a decrease when compared to 2019. The highest level of reporting was trainees in the Wales Deanery at 83%, while HEE NW London was notably poor at reporting (29%) followed by the East Midlands (32%).

Regarding the demographics of those experiencing these negative behaviours, the most common age to experience bullying behaviours was 30-34 but this may be reflective of the average age of trainees overall and should be reviewed further. The data analysed shows that trainees who identify as non-binary, as well as those from minority ethnic groups, are more likely to report that they have been subjected to these behaviours. However, the data is grouped into "non-binary, prefer not to say or self-describe" which makes this section difficult to analyse. Future TEF reports should consider separating these into two groups of "non-binary" and "prefer not to say/self-describe". The data also outlines that those with a PMQ from outside the UK (IMG and EEA) are more likely to experience these negative behaviours than UK graduates, with IMGs being the most at risk. However, since 2021, there has been a decrease in the proportion of those experiencing bullying in the IMG and UK cohort whilst rates remain very similar in the EEA group.

2. Is negative workplace behaviour being managed effectively? If not, then why not?
a) What types of negative workforce behaviours are reported?

TEF Q 17.3.1 Please identify the types of behaviour you have witnessed or been subjected to?

Top five reported negative behaviours	Number of times behaviour reported	% in 2024	% in 2021
Persistent attempts to belittle and undermine	282	14%	17.2%
Persistent and unjustified criticism and monitoring	232	12%	13%
Freezing out, ignoring or excluding	145	7%	N/A
Constant undervaluing of efforts	137	7%	7.8%
Persistent attempts to humiliate in front of colleagues	117	6%	8.1%

Overall, there has been a decrease in the number of times the top five highest scoring negative behaviours have been reported in comparison to 2021.

As well as the behaviours above, it is important to note that there were three responses disclosing unwelcome sexual advances and four for physical violence in the 2024 TEF survey.

Analysis of the qualitative data on negative behaviours revealed the following recurring themes:
1] Undermining behaviour especially at handover
2] Disagreements between senior MW and junior doctors
3] Consultants not being supportive especially in gynaecology theatres
4] Some comments on undermining behaviour from anaesthetists/theatre staff and A&E
5] Junior doctors feeling deprived of training opportunities due to undermining from theatre staff

b) Who is subjecting trainees to these inappropriate behaviours?

TEF Q. 17.3.2 Please state who has subjected you or other work colleagues to inappropriate behaviour [Multiple responses allowed]

Top five highest reported perpetrators (role types)	Number of responses	Rank in 2024	Rank in 2021
Consultant	384	1	1
Senior Nursing or midwifery staff	227	2	2
Junior nursing or midwifery staff	104	3	3
Senior trainee[ST3+]	59	4	5
College tutor	31	5	Not in top 5

The types of colleagues reported as subjecting trainees to negative behaviours is also largely unchanged from previous TEF reports. However, it is concerning that there were 31 instances of trainees reporting College Tutors as perpetrators of inappropriate behaviours, putting college tutors into fifth place in the 2024 TEF analysis ranking.

c) Are undermining and bullying behaviours being reported? And if not, why not?

TEF Q.17.1.2 - Did you report it?

Did you report it?	Yes	No	N/A
2024	44% [92]	54% [114]	2% [5]
2021	45.3%		
2019	49.5%		

TEF Q.17.1.5 - Why did you not report it?

Reason for not reporting [top 5]	Number of responses	Rank in 2024	Rank in 2019
I was concerned reporting the issue would make the situation worse	35	1	2
I was concerned about the impact reporting the issue would have on my career	32	2	1
I felt I would not be supported if I reported the issue	17	3	3
The behaviour stopped and has not recurred	7	4	5
The issue was already reported by another person	6	5	Not in top 5

TEF Q.17.1.3 If [you did report undermining and bullying behaviours], what was the outcome?

Outcome	Number of Responses
I felt listened to BUT I feel the behaviour has not been or is unlikely to be addressed	46
I felt listened to AND I feel the behaviour has been or is likely to be addressed	22
I did not feel listened to	17
I am waiting for the outcome	4
I have escalated and I don't have the outcome yet	2
I feel listened too. I do not know the outcome of the issue	1
I have been listened to and supported to act as I feel appropriate but have not wanted to escalate things further	1

The data shows that under half (44%) of those who experience or witness undermining and/or bullying behaviours report it. Of those that did report these behaviours, most felt listened to but also felt that the behaviours had not been or are unlikely to be addressed (N=46). Unfortunately, there were also respondents who felt that their concerns had not been listened to (N=17). Of those that had not reported their experiences of negative workplace behaviours, the three most common concerns were that reporting would either worsen things (N=35), negatively impact their career (N=32) or that they would not be supported (N=17).

d) How effective is the role of the Workplace Behaviour (WPB) Champion?

TEF Q 17.6.2 I know who my Regional WPB champion is

I know who my Regional WPB champion is	Number	Percentage in 2024	Percentage in 2021
Yes	659 /1984	33%	39.1%
No	1324/1984	67%	60.9%

**TEF Q 17.6.4 When you contacted them, did you find this helpful?**

Yes	No
13	6

Only one third of respondents (33%) shared that they know who their regional WPB Champion is. This is lower than in 2021. However, the majority of trainees who had contacted their Champion found this helpful.

3. Are senior colleagues role modelling good medical leadership skills?

Senior colleagues demonstrating good leadership skills are crucial to a positive workplace culture and to support colleagues to develop as good leaders themselves. Senior doctors have a responsibility to role-model these skills; this is fundamental to providing safe and

compassionate patient care[7]. As such, the addition of six questions on medical leadership were approved by the Training Evaluation Committee and included in the 2024 Training Evaluation Form (TEF) survey. This is the first time that this data has been collected and analysed as part of TEF.
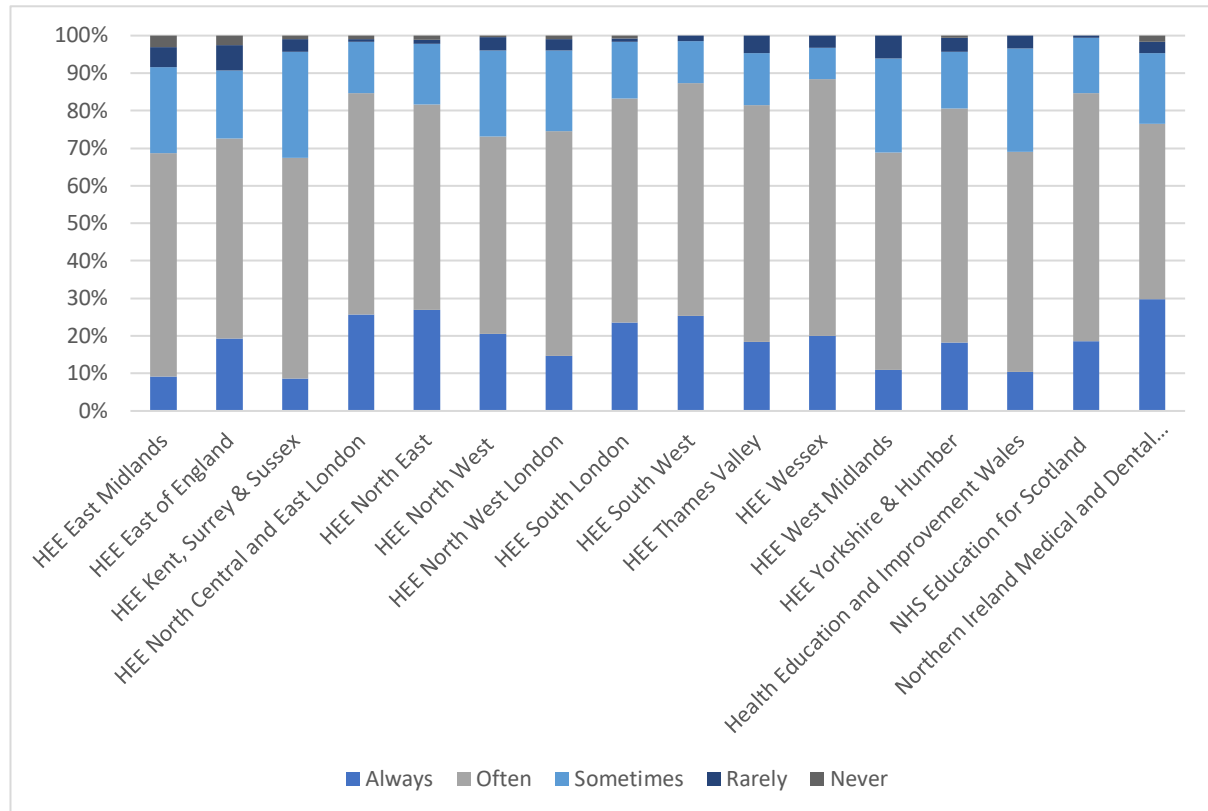
The above graph shows how often doctors in training reported seeing good senior medical leadership skills demonstrated within their unit. The majority (59%) report seeing this leadership 'often' and 19% report 'always' seeing this leadership. A small proportion of respondents report 'rarely' (3%) and 'never' (1%) seeing good senior medical leadership skills. ST1-2 reported 'always' seeing this good leadership the most (23%). For ST3-5 and ST6-7, this was reported at 16% and 19% respectively.

The medical leadership questions included free text answers and the qualitative data provided many examples of good senior medical leadership across both obstetrics and gynaecology. The most commonly cited examples included those in leadership roles being supportive, leading by example and role modelling good leadership skills, placing value on the training and supervision of trainees and taking control of the team and situation in complex cases.

Respondents also highlighted that good leaders are able to show these skills despite the challenging conditions i.e., within the context of poor staffing, busy shifts and feeling stressed. There was also praise for senior leaders managing rotas during strike action and stepping

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[7] Barber JS, Cunningham S Mountfield J, Yoong W, Morris E. Roles and Responsibilities of a Consultant 2022; https://www.rcog.org.uk/careers-and-training/starting-your-og-career/workforce/roles-and-responsibilities-of-a-consultant/

down to fill rota gaps. More broadly, not only during strike periods, good senior leaders were also acknowledged for supporting with service provision when there are rota gaps, supporting with administrative tasks in busy periods and offering support with workload.

The RCOG safe staffing guidance on 'the roles and responsibilities of a consultant' (2022) identifies key roles that apply to consultants and senior specialty, associate specialist and specialist (SAS) doctors. These can be broadly summarised by the following: team leader and role model, clinician, trainer and supervisor, risk manager, patient advocate and innovator. This aligns with the good senior leadership skills given as examples in the 2024 TEF responses. The guidance outlines that organisations also need to have the support and structure in place to enable consultants and senior SAS to be able to carry out their leadership role to the best of their ability. This includes meeting the physical and psychological needs of doctors, as well as providing opportunities for self-actualisation needs.

In recent years there has been a focus on the importance of leadership and culture, particularly in the obstetric setting following the Ockenden and Kirkup reviews, and the positive impact of this can be evidenced in the 2024 TEF responses. For instance, good leadership on labour ward was a frequently posited example. This would suggest that the emphasis on improving culture and leadership in obstetrics is having a positive effect. This is with the caveat that unfortunately poor senior medical leadership in obstetrics was still disclosed in examples; whilst it may be improving in some units, continued work in this area is still needed.

Another theme that emerged from the responses was that a lack of good medical leadership was possibly more of an issue in a gynaecology, rather than an obstetrics, setting in some units. Respondents who reported this often gave examples of a lack of consultant presence and/or support in gynaecology. This suggests that the leadership in a gynaecology setting may need more attention, as the emphasis has been on obstetrics in recent years. It is noteworthy that not all respondents reported this trend; good senior medical leadership was also reported in gynaecology.

This was a useful exercise to collect both quantitative and qualitative data. However, to refine and streamline the process for the 2025 TEF survey, the free text format of the questions will be removed and replaced with predetermined categories that respondents can select from. These predetermined categories have been identified via thematic analysis of the 2024 qualitative data.

4. Factors affecting Workplace Behaviour

This section of the report analyses associations between the number of trainees who reported being subjected to bullying and undermining behaviour (Q17.1.1) and different workplace factors.

a) Rota gaps

This table shows whether or not trainees reported gaps in the rota at their level of training in their current unit (Q2.1) in relation to if trainees reported being subjected to negative

behaviours (Q17.1.1). There is an increased experience of negative workplace behaviour when a trainee works in a unit with rota gaps (10.3 % vs. 7.4%).

		In this post, I was subjected to persistent behaviours by others which have eroded my professional confidence or self-esteem (Q17.1.1)			
		Strongly agree	Agree	Disagree	Strongly Disagree
Are there any gaps in the rota at your level of training in your current unit? (Q2.1)	**No** 663 total respondents	8	41	290	257
		8 + 41 = 49 (7.4%)		290 + 257 = 547 (82.5%)	
	Yes 997 total respondents	37	66	490	286
		37 + 66 = 103 (10.3%)		490 + 286 = 776 (77.8%)	

b) Work intensity

The below tables on work intensity demonstrate whether or not trainees reported their work intensity either being too high (Q2.11.1) or too low (Q2.11.2), in relation to if trainees reported being subjected to negative behaviours (Q17.1.1).

	In this post, I was subjected to persistent behaviours by others which have eroded my professional confidence or self-esteem (Q17.1.1)			
The work intensity is too high for my learning needs (Q2.11.1)	Strongly agree	Agree	Disagree	Strongly Disagree
Agree & strongly agree too high (327 respondents)	23	35	146	73
	23 + 35 = 58 (17.7%)		146 + 73 = 219 (73.4%)	
Disagree & strongly disagree too high (467 respondents)	8	22	237	173
	8 + 22 = 30 (6.4%)		237 + 173 = 410 (87.8%)	

	In this post, I was subjected to persistent behaviours by others which have eroded my professional confidence or self-esteem (Q17.1.1)			
The work intensity is too low for my learning needs (Q2.11.2)	Strongly agree	Agree	Disagree	Strongly Disagree
Agree & strongly agree too low (69 respondents)	6	5	28	16
	11 (15.9%)		44 (63.8%)	
Disagree & strongly disagree too low (775 respondents)	23	46	380	247
	69 (8.9%)		627 (80.9%)	

This suggests that when the work intensity is too high or too low for training needs, more trainees report experiencing negative workplace behaviour compared to those that feel that the work intensity is suitable for their training needs.

c) Incivility

The below table presents the 2024 and 2021 TEF responses to Q17.5.1: To what extent do you agree or disagree with the following statement? In this post, I SUBJECTED TO or WITNESSED behaviour that I would classify as 'incivility' (incivility is one or more rude, discourteous, or disrespectful action that may or may not have a negative intent behind them). There was a reported increase of being subjected to or witnessing incivilities from 23.4 % in 2021 to 29.3% in 2024.

Year	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree
2021	68	276	165	636	327
	68 + 276 = 344 (23.4%)				
2024	105	477	299	700	405
	105 + 477 = 582 (29.3%)				

d) Feeling valued

The below table presents the 2024 and 2021 TEF responses to Q17.7: To what extent do you agree or disagree with the following statement? As an O&G trainee in this unit, I feel valued in the workplace. The sense of value at work has remained stable from 2021 with 1 in 10.7 trainees not feeling valued at work and 74% feeling valued at work.

Year	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree
2021	373	717	230	114	38
	1090 (74.0%)			152 (10.3%)	
2024	414	1057	330	141	44
	1471 (74.1%)			**185 (9.3%)**	

The below table shows how valued trainees feel at work (17.7) in relation to if they have reported being subjected to negative behaviours (Q17.1.1).

	I feel valued at work (Q17.7)	
	Agree and strongly agree	Disagree and strongly disagree

In this post, I was subjected to persistent behaviours by others which have eroded my professional confidence or self-esteem (Q17.1.1)	Agree & strongly agree (187 responses)	50 (26.7%)	86 **(46.0%)**
	Disagree & strongly disagree (1553 responses)	1301 **(83.8%)**	60 (3.9%)

Those trainees who experience negative workplace behaviour are more likely to not feel valued at work **(46.0%),** than to feel valued at work (26.7%).

Those trainees who had not experienced negative workplace behaviour are more likely to feel valued at work **(83.8%),** than to feel not valued at work (3.9%).

e) Sense of belonging

The below table presents the 2024 and 2021 TEF responses to Q17.8: To what extent do you agree or disagree with the following statement? This unit has a sense of community and belonging. Trainee sense of belonging has remained stable from the 2021 TEF Survey with 70% of trainees having a sense of belonging.

Year	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree
2021	404	625	259	141	43
	1029 (69.9%)			184 (12.5%)	
2024	453	943	349	181	60
	1396 (70.3%)			**241 (12.1%)**	

The below table shows if the unit has been reported to have a sense of community and belonging (17.8) in relation to if they have reported being subjected to negative behaviours (Q17.1.1).

	This unit has a sense of community and belonging (Q17.8)	
In this post, I was subjected to persistent behaviours by others which have eroded my professional confidence or self-esteem (Q17.1.1)	Agree and strongly agree	Disagree and strongly disagree

Agree & strongly agree (187 responses)	54 (28.9%)	83 (**44.3%**)
Disagree & strongly disagree (1553 responses)	1235 (**79.5%**)	99 (6.4%)

Those trainees who experience negative workplace behaviour are more likely to not have a sense of community and belonging (**44.3%**), than to have a sense of community and belonging (28.9%).

Those trainees who had not experienced negative workplace behaviour are more likely to have a sense of community and belonging (**79.5%**), than to not have a sense of community and belonging (6.4%).

f) Commendable behaviours

The below table presents the 2024 and 2021 TEF responses to Q17.9.1: To what extent do you agree or disagree with the following statement? In this post, I have witnessed behaviour which I would consider commendable e.g. deserving praise/admirable behaviour.

Year	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree
2021	474	713	227	44	14
	1187 (80.6%)			58 (3.9%)	
2024	588	1069	250	65	14
	1657 (83.4%)			79 (4.0%)	

The below table outlines the types of commendable behaviours witnessed (Q17.9.2). Trainees could select all that applied. The commendable behaviours most reported were 'Values trainee wellbeing' (20.2%) and 'A positive environment' (20.2%) and 'Good support following adverse events' (19.2%).

Types of witnessed commendable behaviour	2021	2024
Values trainee wellbeing	778 (21.1%)	1083 (20.2%)
A positive environment	721 (19.6%)	1083 (20.2%)
Good support following adverse events	737 (20.0%)	1035 (19.2%)
A 'can do' attitude	593	880
A sense of trainee empowerment	449	653

Proactively addresses poor workplace behaviour	343	465
Other	64	167
Total	**3685**	**5366**

In summary, this section of data analysis shows that trainees experience more negative workplace behaviour when they work in a unit with ongoing rota gaps. This is coupled with feeling that the work intensity is either too high or too low also being associated with negative workplace behaviour being experienced.

There was a reported increase of being subjected to or witnessing uncivil behaviour from 23.4% in 2021 to 29.3% in 2024. Respondents are more likely to report experiencing or witnessing negative workplace behaviour if they also reported being subjected to or witnessing uncivil behaviour.

74% of trainees feel valued at work, which again has an influence on negative workplace behaviours as 46% of trainees that reported experiencing these behaviours did not feel valued, compared with 26.7% who did feel valued.

70% of trainees feel a sense of belonging in their unit, which is stable when compared to data from the 2021 TEF survey. 44.3% of trainees that experience negative behaviours do not have a sense of belonging, compared with 28.9% who reported it but did feel a sense of belonging. As such, experiencing negative workplace behaviour is associated with a reduced trainee feeling of being valued and sense of belonging.

There has been an increase in reported commendable behaviours from 80.6% in 2021 to 83.4% in 2024.

5. Impact of workplace behaviour

This section of the report analyses associations between the number of trainees who reported being subjected to bullying and undermining behaviour (Q17.1.1) in relation to four factors: attrition, defensive medical practice, health and wellbeing and recommendation & enjoyment of the unit. This seeks to identify trends in the impact of negative workplace behaviours.

a) Attrition
The below table shows how often trainees report seriously considering leaving the specialty (Q20.1) in relation to if they have reported being subjected to negative behaviours (Q17.1.1). It shows that trainees with personal experience of being subjected to negative workplace behaviour are more likely to consider leaving O&G, with nearly 11% considering leaving the specialty daily.

	Since starting specialty training how often have you seriously considered leaving O&G? (Q20.1)				
In this post, I was subjected to persistent behaviours by	Daily	Weekly	Monthly	Occasionally	Never

others which have eroded my professional confidence or self-esteem (Q17.1.1)					
Strongly agree & Agree *(187 respondents)*	20 **(10.6%)**	33 (17.6%)	34 (18.2%)	65 (34.8%)	35 (18.7%)
Disagree & Strongly disagree *(1553 respondents)*	31 (2.0%)	83 (5.3%)	186 (12.0%)	716 (46.1%)	537 (34.6%)

b) Defensive medical practice

The below table shows how often trainees report actions of defensive medical practice (Q21.1) in relation to if they have reported being subjected to negative behaviours (Q17.1.1).This shows that trainees that report a personal history of persistent negative workplace behaviour are more likely to practice defensive medicine across all domains and stay late.

DMP: Within the last 3 months, have you taken any of the following actions for fear of possible consequences such as complaints, disciplinary actions by managers, being sued, or publicity in the media? (Q21.1)		In this post, I was subjected to persistent behaviours by others which have eroded my professional confidence or self-esteem (Q17.1.1)				% Difference between trainees subjected to negative behaviour, and those who had not been.
		Agree & Strongly agree (187 respondents)		Disagree & strongly disagree (1553 respondents)		
Conducted more investigations than warranted by the patient's condition	Always	10	(5.3%)	17	(1.1%)	+ 4.2%
	Often	24	(12.8%)	143	(9.2%)	+ 3.6%
	Never	41	(21.9%)	459	(29.5%)	- 7.9%
Referred a patient for diagnostic testing or special services in unnecessary circumstances	Always	4	(2.1%)	8	(0.5%)	+1.5%
	Often	20	(10.7%)	47	(3.0%)	+7.7%
	Never	53	(28.3%)	669	(43.1%)	-14.8%
Admitted patients to hospital when the patient could have been discharged home safely or managed as an outpatient?	Always	4	(2.1%)	4	(0.3%)	+1.8%
	Often	21	(11.2%)	87	(5.6%)	+5.6%
	Never	37	(19.8%)	380	(24.5%)	-4.7%

Asked for more frequent observations to be carried out on a patient than necessary	Always	3	(1.6%)	4	(0.3%)	**+1.3%**
	Often	15	(8.0%)	43	(2.8%)	**+5.3%**
	Never	53	(28.3%)	633	(40.8%)	**-12.5%**
Decided on management based on concerns about legal/media/disciplinary consequences	Always	6	(3.2%)	7	(0.4%)	**+2.8%**
	Often	28	(15.0%)	91	(5.9%)	**+9.1%**
	Never	52	(27.8%)	634	(40.8%)	**-13%**
How often have you had to stay after shift ended to complete a task or document in notes	Always	43	(23.0%)	154	(9.9%)	**+13.1%**
	Often	98	(52.4%)	744	(47.9%)	**+4.5%**
	Never	1	(0.5%)	31	(2.0%)	**-1.5%**

The below table shows how often trainees report concerns of their supervisors/management team being over critical of their work (Q21.1.7) in relation to if they have reported being subjected to negative behaviours (Q17.1.1). It shows that trainees who report a personal history of persistent negative workplace behaviour are more likely to report concerns that their supervisors or management are over critical of their work (47.1% vs. 13.3%).

| | **Do you have concerns that your supervisors/management team may be over critical of your work? (21.1.7)** | | |
In this post, I was subjected to persistent behaviours by others which have eroded my professional confidence or self-esteem (Q17.1.1)	Yes	Unsure	No
Agree & strongly agree (187 respondents)	88 (47.1%)	49 (26.2%)	47 (25.1%)
Disagree & strongly disagree (1553 respondents)	207 (13.3%)	335 (21.6%)	972 (62.6%)

c) Health and Wellbeing
The below table presents if trainees reported being subjected to negative behaviours (Q17.1.1) in relation to whether or not they have experienced any physical health problems e.g. chronic fatigue, cardiovascular disease, high blood pressure etc. (Q22.1.1) and/or any mental health problems e.g. anxiety disorders, depression (Q22.2.1) in the last 12 months. Trainees had the option to 'prefer not to say'.

	In the past 12 months have you experienced any physical health problems? (Q22.1.1)		In the past 12 months have you experienced any mental health problems? (Q22.2.1)	
In this post, I was subjected to persistent behaviours by others which have eroded my professional confidence or self-esteem (Q17.1.1)	Yes	No	Yes	No
Agree & strongly agree (187 respondents)	73 (39.0%)	94 (50.2%)	80 (42.8%)	73 (39.0%)
Disagree & strongly disagree (1553 respondents)	325 (20.9%)	1127 (72.6%)	343 (22.1%)	1054 (67.9%)

Although complex and multifactorial, trainees with personal experience of negative workplace behaviours are almost twice as likely to report both a physical and mental health problem, compared to someone with no personal experience of negative workplace behaviour. (Physical health 39% vs. 21%, mental health 43% vs. 22%)

57 physical health complaints were disclosed by the trainees who agreed and strongly agreed that they were subjected to persistent negative behaviours. The top three were: chronic fatigue (16 reports), stress (7 reports), infections (6 reports).

64 mental health complaints were disclosed by the trainees who agreed and strongly agreed that they were subjected to persistent negative behaviours. The top three were: anxiety (28 reports), depression (18 reports), and stress (6 reports).

d) Recommendation & enjoyment of the unit

The below tables present if trainees reported being subjected to negative behaviours (Q17.1.1) in relation to if they have been able to progress with their long-term development needs (Q23.1.1), if they enjoyed working in this unit (Q23.1.2) and if they would recommend their placement (Q23.1.3).

In this post, I was subjected to persistent behaviours by others which have eroded my professional confidence or self-esteem (Q17.1.1)	**This placement enabled me to make progress with my long term development needs (Q23.1.1)**	
	Agree and strongly agree	Disagree and strongly disagree
Agree & strongly agree (187 respondents)	75 (40.1%)	64 (34.2%)
Disagree & strongly disagree (1553 respondents)	1267 (81.6%)	67 (4.3%)

Training needs are significantly better in units where the trainee does not report experiencing negative workplace behaviour, with 82% having developmental needs met and 4% not. Compared to units where the trainee reports a personal experience of negative workplace behaviour 40% have their developmental needs met, and 34% do not.

In this post, I was subjected to persistent behaviours by others which have eroded my professional confidence or self-esteem (Q17.1.1)	I enjoyed working in this unit (Q23.1.2)	
	Agree and strongly agree	Disagree and strongly disagree
Agree & strongly agree (187 respondents)	54 (28.9%)	72 (38.5%)
Disagree & strongly disagree (1553 respondents)	1329 (85.6%)	45 (2.9%)

Enjoyment of the unit is significantly better in units where the trainee does not report experiencing negative workplace behaviour, with 86% enjoying their time in the unit and 3% not. Compared to units where the trainee reports a personal experience of negative workplace behaviour 29% do enjoy working in the unit, and 39% do not.

In this post, I was subjected to persistent behaviours by others which have eroded my professional confidence or self-esteem (Q17.1.1)	I would recommend this placement to other trainees at my level (Q23.1.3)	
	Agree and strongly agree	Disagree and strongly disagree
Agree & strongly agree (187 respondents)	49 (26.2%)	89 (47.6%)
Disagree & strongly disagree (1553 respondents)	1234 (79.5%)	100 (6.4%)

Recommendation of the unit is significantly better in units where the trainee does not report experiencing negative workplace behaviour, with 80% recommending their unit to other trainees and 6% would not. Compared to units where the trainee reports a personal experience of negative workplace behaviour 26% would recommend their unit, and 48% would not.

In summary, this section highlights some of the concerns that are affecting O&G trainees in 2024 and how the workplace behaviours that they experience impact on both their professional and personal lives. Concerningly, 11% of trainees are considering leaving the specialty on a daily basis and those that experience negative behaviours are influenced by this. In comparison, 81% of trainees who do not have a personal experience of negative workplace behaviour never, or only occasionally, consider leaving O&G specialty.

Negative workplace behaviours lead to trainees practicing in a more defensive way, which may have an impact on both patients and the service as a whole. This is also reflected in concerns that supervisors or management are over-critical of their work (47.1% vs 13.3%).

Although we cannot say that negative workplace behaviours cause higher levels of physical and mental health problems as it is complex and multifactorial, trainees with personal experience of negative workplace behaviours are almost twice as likely to report both a physical and mental health problem, compared to those with no personal history of negative workplace behaviour.

Where there is a culture of negative workplace behaviour, 1 in 3 trainees do not have their training needs met, compared to only 1 in 23 trainees not having their training needs met when there is a positive workplace environment. Therefore, trainees feel that their training needs are met significantly more when they do not report experiencing negative workplace behaviour.

In addition, enjoyment of the unit follows in a similar way; positive workplace behaviour leads to significantly higher rates of enjoyment of the unit and recommendation of the unit to other trainees. If a trainee reports negative workplace behaviour, then they are significantly more likely to dislike working there (39%) and not recommend the unit (48%) than a trainee who has not reported personal experience of negative workplace behaviour (3% not enjoying the unit and 6% not recommending the unit).

Discussion

Overall, it was pleasing to see the reduction in the reports of bullying in the workplace, however this was a small reduction and there was also a reduction in those likely to report these instances. Reports of who was conducting the inappropriate behaviour was largely similar to previous reports, except that 31 responders have stated that it was the college tutor who was the perpetrator. This is the first time that the college tutor has featured prominently in this section.

Experiencing negative workplace behaviour is associated with increased reporting of rota gaps and a work intensity too high or too low for training needs. Experiencing negative workplace behaviour is associated with a reduced trainee feeling of being valued and a sense of belonging.

29% of trainees reported witnessing or experiencing uncivil behaviour, which has increased since 2021; these increasing levels of incivility are associated with increased reporting of negative workplace behaviour. 10% of trainees that experience negative workplace behaviours think daily of leaving the specialty, compared to those who do not have these experiences who never or occasionally consider leaving (81%). Where there is a negative culture in a unit, 1/3 trainees do not have their training needs met, compared with 1/23 in units where there is a positive culture.

Of particular note, negative behaviours that will need to be urgently addressed are the three reports of unwelcome sexual advances and four reports of physical violence.

Most trainees reported seeing commendable behaviour (83%), and this has increased since 2021. The commendable behaviours most reported were 'Values trainee wellbeing' (20.2%), 'A positive environment' (20.2%) and 'Good support following adverse events' (19.2%). Positive workplace behaviour leads to significantly higher rates of enjoyment of the unit and recommendation of the unit to other trainees. If a trainee reports negative workplace behaviour, then they are significantly more likely to dislike working there (39%) and not recommend the unit (48%) than a trainee who has not reported personal experience of negative workplace behaviour (3% not enjoying the unit and 6% not recommending the unit).

Summary of findings

- Trainees that report a personal history of experiencing negative workplace behaviour are more likely to:
    o Think about leaving obstetrics and gynaecology
    o Report a physical or mental health problem
    o Practice defensive medicine
    o Stay late
    o Not have their training needs met
    o Not enjoy their time at the unit
    o Not want to recommend the unit
- This data provides a summary of the wider impact that negative workplace behaviours have on the trainee, the unit and on our patients which is more far reaching that may initially be thought.
- Two thirds (67%) of trainees were not aware of who their WPB champion was, meaning that this resource is likely underutilised.

Recommendations

Following the analysis of the above points in this year's TEF report on workplace behaviours, the following recommendations have been suggested:

1. Introduction of Schwartz rounds. Consider setting up a monthly group meetings between staff members where the emotional and social aspects of working in healthcare are discussed. This can be used to forge better relationships between different members or groups of staff.
2. Ensure team members are aware of HR policies on bullying and undermining behaviours.
3. TEF feedback should be shared with all members of the MDT and not only amongst trainees to understand the impact.

4. Consider a collaboration with the RCM to improve working relationships with our midwifery colleagues.
5. A segment on workplace behaviours could be included in local mandatory training days (such as PROMPT) to create awareness about the impact that these negative behaviours have on the team from a clinical and personal perspective and provide a forum for improvements to be suggested.
6. Further work with the workplace behaviour advisors and workplace behaviour champions, to ensure trainees are aware of the support they can offer.

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Appendix A

Questions analysed from the 2024 TEF data for this report included:

2.1 Are there any gaps in the rota at your level of training in your current unit?	17.1.1 In this post, I was subjected to persistent behaviours by others which have eroded my professional confidence or self esteem
2.10 Has your unit got a policy for when a consultant must attend?	17.1.2 Did you report it?
2.10.1 Have you requested a consultant to attend under these conditions but they did not?	17.1.3 What was the outcome?
2.11 To what extent do you agree or disagree with the following statements?	17.1.5 Why did you not report it?

2.11.1 The work intensity is too high for my learning needs	17.1.2 In this post, I witnessed other specialist trainees being subjected to persistent behaviours by others which has eroded their professional confidence or self esteem
2.11.2 The work intensity is too low for my learning needs	17.1.3 In this post, I witnessed other healthcare professionals (e.g. non-trainee doctor, midwife, AHP) being subjected to persistent behaviours by others which have eroded their professional confidence or self esteem
2.11.3 I am allowed study leave for appropriate courses (i.e. not regional teaching)	17.6.2 I know who my Regional Workplace Behaviour Champion is
2.11.4 I feel supported to submit exception reports when appropriate	17.6.3 Have you contacted them?
20.1 Since starting specialty training how often have you seriously considered leaving O&G?	17.6.4 When you contacted them did you find this helpful?
21.1 Within the last 3 months, have you taken any of the following actions for fear of possible consequences such as complaints, disciplinary actions by managers, being sued, or publicity in the media?	17.7 As an O&G trainee in this unit, I feel valued in the workplace
21.1.1 Conducted more investigations than warranted by the patients' medical condition?	17.8 This unit has a sense of community and belonging
21.1.2 Referred a patient for diagnostic testing or special services in unnecessary circumstances?	17.3.1 Please identify the types of behaviour you have witnessed or been subjected to
21.1.3 Admitted patients to hospital when the patient could have been discharged home safely or managed as an outpatient?	17.5.1 In this post, I was SUBJECTED TO or WITNESSED behaviour that I would classify as 'incivility' (incivility is one or more rude, discourteous, or disrespectful action that may or may not have a negative intent behind them)
21.1.4 Asked for more frequent observations to be carried out on a patient than necessary?	17.9.1 In this post, I have witnessed behaviour which I would consider commendable e.g. deserving praise/admirable behaviour
21.1.5 Decided on management based on concerns about legal/media/disciplinary consequences?	22.1.1 In the past 12 months have you experienced any physical health problems (e.g. chronic fatigue, cardiovascular disease, high blood pressure etc.)
21.1.6 How often have you had to stay after shift ended to complete a task or document in notes?	22.2.1 In the past 12 months have you experienced any mental health problems (e.g. anxiety disorders, depression.)
21.1.7 Do you have concerns that your supervisors/management team may be over critical of your work?	23.1.1 This placement enabled me to make progress with my long term development needs
16.7 How often have you seen good senior medical leadership skills demonstrated within your unit?	23.1.2 I enjoyed working in this unit
16.7.1 Further comments/examples (please do not share any names or personal identifiable information as part of your response)	23.1.3 I would recommend this placement to other trainees at my level

16.8 How often have you seen poor senior medical leadership skills demonstrated within your unit?	16.8.1 Further comments/examples (please do not share any names or personal identifiable information as part of your response)