Focus on…

BULLYING, UNDERMINING AND HARASSMENT

This article covers:

- **Definitions of Bullying, Undermining and Harassment**
- **Raising concerns -** what you can do
    - **SpeakUp Submissions**
- **Sexual Harassment**
- **Bystanderism -** what you can do for others
- **Culture change -** what is needed

Problems with bullying, undermining and harassment are unfortunately still common. They can relate to individuals or organisational culture, or to both, and are often accompanied by a fear of reporting the behaviour (whistle blowing). Heavy workloads, staff shortages and external pressures such as performance targets may accompany this behaviour, but these are not excuses for any bullying or harassment.

The deanery is committed to ensuring that itis a safe and welcoming environment for all and that all examples of bullying or harassment are investigated seriously - see their dedicated webpage: https://www.severndeanery.nhs.uk/about-us/policies-and-procedures/bullying-and-harassment-at-work/

Read this excellent article in the RCS about the current situation: https://publishing.rcseng.ac.uk/doi/abs/10.1308/rcsbull.TB2023.8

… and editorial in the BJJ 360:

Editorial

The difficulty with speaking up

Professor
B. Ollivere
Editor-in-Chief, Bone & Joint 360
editor360@boneandjoint.org.uk

There have been some difficult headlines to read for everyone working in UK surgery and the wider medical community since the publication of the report into sexual harassment in surgery.[1] The publication of a survey of almost 1,500 surgeons (both male and female) is the major output of the "Working Party for Sexual Misconduct in Surgery", with shocking and unacceptable figures, with two-thirds of females (63%) having been the target of sexual harassment from colleagues, along with almost a quarter of males (24%). Perhaps most shockingly, the authors reported that the majority of participants (90% female; 81% male) reported having witnessed some form of sexual misconduct by colleagues. Just 16% of those affected by sexual misconduct made a formal report.

The concept of the bystander has long been a subject of social psychology that offers a disturbing lens into human morality, ethics, and most specifically, social dynamics. The theory suggests that the likelihood of individual action in response to an unexpected or emergency decreases as the number of bystanders increases. This paradoxical phenomenon has implications that extend far beyond academic discussion. It infiltrates our societal fabric, shaping how we react—or fail to react—to situations of urgency, or in this case reprehensible and sometimes criminal behaviour.

The bystander effect was first formally recognized in the wake of the 1964 murder of Kitty Genovese in New York City.[2] Although the original report suggested there were 38 witnesses to her murder, it was, in all likelihood, less than that. However, numerous witnesses failed to intervene or contact authorities, despite being aware of the ongoing crime. This incident gave rise to the concept of the bystander (initially known as the Genovese effect). The research that followed, most notably by psychologists John M. Darley and Bibb Latané,[3] identified the key aspects, which included the size of the group, diffusion (or transference) of responsibility, ambiguity, and social cohesion that contributed to the bystander effect. In the era of smartphones and social media, the bystander effect has evolved into new forms, with public crises often reduced to viral videos rather than calls to action.

When people are in groups, there is a pervasive assumption that someone else will take the lead, leading to a diffusion of individual responsibility. There is some evidence that the bystander effect is prevalent in the workplace,[4] and that the action, or inaction, of those bystanders has an effect on bullying in the workplace.

Mitigating the bystander effect is extremely difficult. Humans are cultural and herd animals. The stark figures of 24% of males and 63% of females having experienced inappropriate sexual behaviour make a clear point. This is a cultural problem, not a discrimination problem. There is so much wrong here that only a complete cultural reboot will do. The well-described approaches to managing the bystander effect, including fostering a culture of active involvement and empowering individuals with the knowledge and tools that promote decisive action, may well not be enough here; it must be a multimodal approach. The strategy of institutionalization of educational programmes should not just be around sexually inappropriate behaviour, but also aimed to address psychological barriers like the bystander effect itself. By demystifying the psychology behind inaction, individuals become more conscious of their behavioural tendencies and are therefore more likely to act positively when confronted with a crisis.

Moreover, incorporating technology to nudge towards positive behaviour can be highly effective. Apps and platforms that allow immediate and anonymous reporting of what are, by their nature, difficult situations can help bypass the paralysis often induced by social pressure and uncertainty. Social media can also play a part, serving as a platform for sharing stories that inspire action, thereby subtly shifting the collective mindset from one of detachment to engagement. By combining education, technology, and public discourse, the surgical community can evolve from being mere spectators to becoming active participants in communal welfare.

REFERENCES

1. Begeny CT, Arshad H, Cuming T, Dhariwal DK, et al. Sexual harassment, sexual assault and rape by colleagues in the surgical workforce, and how women and men are living different realities: an observational study using NHS population-derived weights. *Br J Surg.* 2023;12:znad242.

Definitions of Bullying, Undermining and Harassment

Often these terms are regarded as interchangeable and for some bullying is a form of harassment.

- **Bullying** is defined as offensive, intimidating, malicious or insulting behavior, an abuse or misuse of power through means that undermine, humiliate, denigrate or injure the person to whom it is directed.
- **Harassment** is unwanted conduct related to sex, gender reassignment, race or ethnic or national origin, disability, sexual orientation, religion or belief, age or any other personal characteristic which:
    - has the purpose of violating a person's dignity or creating an intimidating, hostile, degrading, humiliating or offensive environment for that person;
    - Or is reasonably considered by that person to have the effect of violating his or her dignity or of creating an intimidating, hostile, degrading, humiliating or offensive environment for him or her, even if this effect was not intended by the person responsible for the conduct.
- **Undermining** can be more difficult to identify and describes behaviour that intentionally lowers someone's professional confidence and/or self-esteem.
    - Some incidents of undermining can be quite subtle and difficult to identify. These might include ignoring a trainee's views and opinions, setting unreasonable or impossible targets or workloads, or even setting too few targets whereby the trainee has too little to do, which creates a feeling of uselessness.
    - Withholding information from a trainee, withholding access, support or resources or supplying incorrect information can all be very undermining too, although not always easy to recognise.
    - https://london.hee.nhs.uk/sites/default/files/undermining.pdf
- **Sexual Harassment** is behaviour characterized by the making of unwelcome and inappropriate sexual remarks or physical advances in a workplace or other professional or social situation.
    - Many people, not exclusively but predominantly women, continue to experience examples of sexual "jokes" or "banter", inappropriate questions, pursuance, or touching, or sexism at work.
    - **BANTER** - "Banter is usually the word used in employment claims to justify saying something inappropriate or unpleasant. If "banter" in essence amounts to inappropriate, personal remarks about someone's body or sex life, and the tone is not reciprocated, it is not banter, it is sexual harassment" *Romney QC, Inquiry into sexism at the BMA.*
        - Permitting these jokes or "banter" signals to others that sexual harassment and abuse of women is okay. Don't be a bystander.
    - If you think it doesn't happen to current BORG trainees, I can promise you it does.
    - A doctors experience of sexual harassment at work:

      https://www.podbean.com/player-v2/?i=kxw8k-14ac462-pb&from=pb6admin&squ

are=1&share=1&download=1&rtl=0&fonts=Arial&skin=1&font-color=auto&logo_link=episode_page&btn-skin=7&size=300

Any individual can bully, be bullied or switch between the two, and others may be affected by viewing this behaviour.

It is important not to confuse bullying behaviour with firm supervision. Bullying is undermining and destructive whereas effective supervision is developmental and supportive. The latter may well include negative but constructive feedback.

Examples can include:

- Undermining someone's role, e.g. criticism in front of patients or other staff
- Persistent or excessive negative feedback; unsubstantiated allegations
- Written or verbal comments of a sexual nature including remarks about an employee's appearance, questions about their sex life, offensive jokes
- Asking trainees to perform tasks they have not been trained to do or work unpaid shifts
- Undervaluing someone's contribution (in their presence or otherwise)
- Unrealistic expectations about workload, responsibilities or level of competence
- Shouting or swearing at someone
- Excluding, devaluing or ignoring an individual on purpose
- Inadequate or absent supervision
- Belittling or marginalisation of trainees by senior staff from other professional group
- Bullying of trainees by other staff pursuing targets
- Propositions, advances or making promises in return for sexual favours
- Emails/social media messaging with content of a sexual nature
- Displaying pornographic or explicit images
- Unwanted physical contact and touching
- Criminal behaviour, including sexual assault, stalking, indecent exposure and offensive communications

Listen to this "**You are not a Frog**" podcast Bullying in the Workplace https://youarenotafrog.com/episode-58/ for:

- How humiliation and bullying affect the professionals who experience it
- How to be resilient in the face of workplace bullying.
- How to settle cases of workplace bullying.

Raising concerns

It can be scary and confusing experiencing varying degrees of bullying or harassment. However, it is vital that you raise your concerns to avoid another trainee having a similar experience in future.

If you have been a victim of sexual harassment, please see the specialist advice in the section below.

Seniors are responsible for ensuring that their organisations provide supportive working environments, free from bullying and harassment. Trainees who raise in good faith an issue or grievance relating to bullying or harassment, or assists in the raising of such an issue, should expect to be protected by the deanery against victimisation both at the time and afterwards.

Here are some practical actions you can take or advise others to take:

- **Speak-Up Submissions**
    - A robust SpeakUp submission tool is now available on the BORG App. This enables any trainee to submit incidents of bullying, undermining or harassment directly to the TPD either anonymously or not and choose whether they would like further discussion or action to occur or whether they just want the incident recorded. This will ensure that anonymity is respected and protected whilst recognition of a pattern of behaviour can be identified and pursued if necessary. All submissions would go directly to the TPD only.
- **Keep a record/diary**
    - Keep a diary of all incidents. The best way of doing this is via an email to yourself (these are time and date-stamped). These should often include a record of the date, time, any witnesses and how you felt about an incident. Keep copies of anything else that may be relevant for instance written communication (emails, letters) and notes from meetings. Without evidence, it is very difficult to take matters further if required. You may never feel you will need them but it is important to keep a record.
    - **Surviving in Scrubs** https://survivinginscrubsorg.wordpress.com/ demonstrates personal stories and gives the opportunity for surgeons to submit their own story to raise awareness.
        - If you have experiences of sexual harassment, please consider submitting to them to raise awareness of this issue
- **Speak to someone.**
    - Don't be concerned or ashamed to tell someone what's going on. If you think that you are being subjected to bullying behaviour, or that it is taking place, then you should speak to someone about it in confidence to discuss how you might be able to deal with the problem.
        - Your first discussion should help you explore the issue and decide what to do next. If the first person you talk to is not helpful then speak to someone else.
        - Further discussions may include practical ways to take matters further should you wish.
    - Who you can contact (you may feel more able to speak to someone outside of your trust or deanery if you feel it may impact your working environment):

Local	Regional/National

• A trusted colleague
• Clinical Supervisor
• Educational Supervisor
• College Tutor
• HR
• Occupational Health
• Freedom to Speak Up Guardian
  ○ GWH: https://www.gwh.nhs.uk/media/qzfe4xa5/freedom-to-speak-up-raising-concerns-policy.pdf
  ○ GRH/CGH: https://www.gloshospitals.nhs.uk/media/documents/Simple-Guides-Freedom_to_Speak-A4.pdf
  ○ RUH: https://ruh.nhs.uk/about/policies/documents/non_clinical_policies/black_hr/HR_107.pdf
  ○ WDH:
  ○ BRI:
  ○ SMH:
  ○ MPH:
  ○ YDH:
• Guardian of Safe Working
	Regional
	• Training Programme Director
	• BORG Welfare rep
	  ○ Professional Support and Well-being Service –
	Outside of region
	• Mr Nathaniel Ahearn (BOA Diversity senior rep for South-West and Peninsula consultant) has kindly offered to provide confidential advice and can action issues which trainees feel they cannot raise within the deanery: nahearn@nhs.net
	National
	• Whistle-blowing Advice and Helpline for NHS and Social Care
	• https://www.pcaw.co.uk/
	• NHS employers how to raise concerns: http://www.nhsemployers.org/your-workforce/retain-and-improve/raising-concerns-whistleblowing/information-for-staff
	• BMA - Guidance on stopping harassment and bullying
	• https://www.bma.org.uk/advice/work-life-support/your-wellbeing/bullying-and-harassment
	• NHS Employers - Guidance on bullying and harassment
	• http://www.nhsemployers.org/your-workforce/retain-and-improve/staff-experience/tackling-bullying-in-the-nhs
	• Sexual harassment:
	  ○ Free legal advice is available to women in England and Wales experiencing sexual harassment at work (020 7490 0152)
	  ○ https://wpsms.org.uk/support.html
	  ○ https://survivinginscrubsorg.wordpress.com/support/

- **Give feedback**
  - **Annual Survey:** Severn Postgraduate Medical Education monitors instances of bullying and harassment within Trusts and Schools through the annual PMETB trainee survey, which all trainees are encouraged to complete.

- **Annual reports:** Trusts and Schools are expected to work towards the prevention and resolution of instances of bullying via reporting their plans for addressing these issues in their annual reports to Severn Postgraduate Medical Education.

Sexual Harassment

- **Surviving in Scrubs** https://survivinginscrubsorg.wordpress.com/ demonstrates personal stories and gives the opportunity for surgeons to submit their own story to raise awareness.
  - If you have experiences of sexual harassment, please consider submitting to them to raise awareness.
- **The Working Party on Sexual Misconduct in Surgery (WPSMS)** are raising awareness of sexual misconduct in Surgery to bring about cultural and organisational change.
  - They want:
    - a safe reporting system where victims can speak up without fear of personal detriment
    - robust mechanisms put in place by those with the power to sort this out, to ensure that perpetrators' behaviours cannot continue
    - justice prevails for those who have been silenced or damaged.
  - A national survey exploring sexual harrassment, assault, and rape experiences is awaiting publication…
- If you have or think you may have been affected by sexual harassment, please consider the following sources of support and advice:
  - Discuss with a trusted colleague
  - Your AES if trusted, or TPD
  - SpeakUp Submission via the BORG App
  - The local Freedom to Speak Up Guardian
  - Free legal advice is available to women in England and Wales experiencing sexual harassment at work (020 7490 0152)
  - BMA
  - https://wpsms.org.uk/support.html
  - https://survivinginscrubsorg.wordpress.com/support/

Bystanderism

- Bystanderism is the phenomenon of a person or people not intervening despite awareness of another person's needs
- Inaction in the presence of inappropriate jokes or "banter" signals to others that harassment and abuse of individuals and marginalised groups (women, LGBTQ+, ethnicity, age), is okay.
- Read this great summary of active bystanderism with techniques you can use on the survival in scrubs LinkedIn profile:

https://www.linkedin.com/posts/surviving-in-scrubs-769126239_activebystander-bystander-bustanderintervention-ugcPost-7170733935440580608-re_U?utm_source=share&utm_medium=member_ios

- Read this interesting article about calling it out with compassion: https://chfg.org/what-are-the-principles-of-calling-it-out-with-compassion/
- Listen to this "You are not a Frog" podcast on
    - What to Do When a Junior is Badmouthing Your Colleagues https://youarenotafrog.com/episode-113-what-to-do-when-a-junior-is-badmouthing-your-colleagues-with-dr-ed-pooley/
        - Learn how to manage difficult scenarios where you're unsure how best to respond.
        - three-step process to approaching difficult conversations.
        - Understand that everyone has triggers behind their actions, even badmouthing. Triggers may be driving their actions.
    - What to Do About Bitching and Backbiting https://youarenotafrog.com/episode-90/
        - What to do when colleagues make inappropriate comments about others.
    - Help! My Senior Partner is a Jerk https://youarenotafrog.com/episode-14-help-my-senior-partners-a-jerk/
        - how to influence someone who is set in their ways, resistant to change and autocratic?
- The 5 D's are a good model to get started in thinking about bystander intervention:
    - 

- There are things you can do to become an effective bystander for your colleagues:
    - **Educate yourself** on the experiences of others by:
        - Undertaking regular equality and diversity training - This will help you recognise more clearly types of discrimination and recognise behaviours that are likely to lead to harassment and bullying.

        - Reviewing out EQI article: https://docs.google.com/document/d/1CYagrJCZ4U1IwtBwDYbIxt8Bum1zDvQr_CfeTzOo4Co/edit?usp=sharing
        - Listening ("Shutting Up") to others experiences
    - **Ask** the victim whether they were okay or not with comments made to or against them. Give them the opportunity to educate them on how it made them feel and how they feel you could be an ally. Phrases such as:
        - *How do you feel with what *** said in theatre?*
        - *Did *** make you feel uncomfortable at all?*
        - *Would it have helped if I'd have said something at the time?*
    - **Practice** responses to situations in which you could have intervened before, but haven't known what to do or say. Consider gentle challenging such as:
        - *Is that an okay thing to say given where we are nowadays?*
        - *I don't understand. Can you explain what's funny?*
    - **Pick your moment.** Responding at the time may not always be the most effective or powerful intervention. It is not a sign of weakness not to respond immediately. Consider:
        - *Approaching the individual during a calmer or more private moment (i.e. the coffee room, changing room).*
        - *Approaching another member of staff to report the behaviour who may be able to approach the individual more easily*
    - **Call it out**. If something being said or done is clearly unacceptable, it is your responsibility to protect your colleagues from harassment. This includes simple statements such as:
        - *That is not okay.*

Culture change

- **Hammer It Out campaign**
    - Mr Simon Fleming, Orthopaedic Registrar, was instrumental in setting up and leading this campaign. The aims and description of the campaign are:
        - To create a positive workplace culture that is free from bullying, harassment and undermining behaviours.
        - To recognise the many positive aspects unique to T&O surgery and develop it as a highly desirable surgical specialty to work in, appealing to a diverse population and creating a balanced and representative workforce.
        - To nurture an environment that empowers individuals to speak up if they experience or witness unacceptable behaviours.
        - To promote and share examples of those who demonstrate exemplar behaviours in the workplace and use these to model further improvements in the wider NHS culture.
        - To inspire positive culture change to improve patient care.

- Consider undertaking this **Medics Academy course** on how we can change the culture of medicine, based on the #hammeritout campaign:
    - https://www.medics.academy/courses/hammer-it-out
- **BOTA** highlighted the issues of bullying, undermining and harassment within the surgical workplace. Fergal Monsell – paediatric orthopaedic surgeon in Bristol has some interesting views about why this might still exist, and what we can do about it. https://www.boa.ac.uk/resources/orthopodcast-17-bullying-in-the-orthopaedic-workplace.html
- **The Working Party on Sexual Misconduct in Surgery (WPSMS)** are raising awareness of sexual misconduct in Surgery to bring about cultural and organisational change.
    - They want:
        - a safe reporting system where victims can speak up without fear of personal detriment
        - robust mechanisms put in place by those with the power to sort this out, to ensure that perpetrators' behaviours cannot continue
        - justice prevails for those who have been silenced or damaged.
    - A national survey exploring sexual harrassment, assault, and rape experiences is awaiting publication…
- **ASiT** have recently released a consensus statement on bullying and harassment: http://www.asit.org/assets/documents/UB_Statement_ASiT_Final_No_tracking.pdf
- Take time to watch this webinar encouraging staff to speak up. https://www.slideshare.net/HorizonsCIC/compassionate-and-positive-cultures-in-the-nhs-support-for-nhs-staff-to-speak-up-250709506