Rachael Pope on negative behaviours in the workplace

STAFF BEHAVING BADLY

key points

Following personal experiences the author, a physiotherapist, became interested in negative behaviours in the NHS. She discusses published examples which illustrate national data.

Seeing these behaviours as broader than 'bullying', she conducted research into workplace incivility and aggression as well, and recorded that all these had a negative impact on job satisfaction, motivation, commitment and co-operation. All negative behaviour damages the individual and the organisation, and has implications for the quality of care delivered to patients.

Considering other research about the qualities of effective leaders and managers, she points the reader towards Christ, the servant leader of all.

A matron in a small community hospital where years ago I worked as a physiotherapist was asked by a local GP how they could get rid of me. This was one of several GPs who were behaving quite negatively towards me, and the result of that conversation was an overwhelming feeling of intimidation and vulnerability.

Over a period of time my confidence was destroyed and I found it extremely difficult to go into work. When I saw certain cars parked I would feel physically sick. Though the actual incidents were few, the fear of something else happening eroded my confidence and professional ability. The situation was complicated and worsened because two of the GPs were actually churchgoers, though sadly they behaved aggressively and arrogantly.

You feel at the time you are the only one. The feelings of failure, shame and embarrassment were immense and because of this I didn't initially share my predicament with other staff. I did leave however, as one of several who couldn't manage the situation. Later, I was asked to go to two industrial tribunals as a witness. Just reliving the experience was a trauma and despite the RCN winning the cases, the whole process was psychologically and emotionally damaging.

I am convinced that if it weren't for my Christian faith I would have had a breakdown. What helped me were the words of the song 'In heavenly armour' holding me together: 'No weapon that's fashioned against you will stand; the battle belongs to the Lord'.

Negative behaviour

This experience started me looking at negative behaviour between staff in the NHS, and its effect. It gave me a passionate interest in issues of fairness and justice in the workplace, which has been worked out in a trade union representative role where I have attempted to support people experiencing negative behaviour and tried to improve policy. In 2003, working with an HR colleague in another Trust, we initiated a Harassment Advisor service to run across the two Trusts.

I have now seen far too many people in the NHS damaged by negative behaviours from colleagues and managers. As a result, when I completed my MSc in Human Resource Leadership it didn't take me long to choose the topic for my dissertation research. When looking at literature on negative behaviour in the workplace I came across a moving 2001 *BMJ* article [1] which described the experiences of a junior doctor being intimidated and traumatised by the behaviour of their surgical consultant. They described themselves as disillusioned and wrote 'I don't know why bullying still has to be part of medical training'. They closed by suggesting that 'perhaps some doctors should ask themselves whether they are part of the caring profession at all'.

In 2002 the *Nursing Times* [2] asked: 'Why is bullying in the workplace such an intractable problem in the 'caring' professions?' More recently Mark Cheesman stated that bullying is 'alive and well, an integral part of NHS culture' and importantly expressed the view that 'it's high time we confronted it'. [3] He gave good advice on ways to do that in the context of maintaining a Christian response.

This January an anonymous writer who had been in a senior NHS position shared [4] a very damaging experience of being bullied by people at the top of the organisation. He or she considered that Human Resource personnel were implicated and used the phrase 'institutional bullying'.

These comments and stories are supported by national research data. The most recent Staff Attitude Survey (2007) confirms that across the country the problem continues. Eight percent of staff reported 'harassment, bullying and abuse' from managers and team leaders and 13% reported it from colleagues.[5] In the first surveys in 2003 and 2004 the total for these two groups was only 16%.[6]

Broader than 'bullying'

The language mostly used is the language of 'bullying'. In 2005 I conducted research in two primary care trusts,[7] and wanted to look at a broader range of behaviours than 'bullying'. For the purpose of the research, negative workplace behaviour was defined as: 'Any behaviour that is disrespectful and undermines/violates the value/dignity of an individual. It is behaviour that harms individuals and organisations.'

Negative behaviour was then defined in three categories:

- **Workplace incivility**: Rude, insensitive or disrespectful behaviour towards others in the workplace with ambiguous/unclear intent to harm.[8]
- **Aggression**: Aggressive behaviour with the unambiguous, clear, intent of causing harm to a person.[8]
- **Bullying**: Offensive, abusive, intimidating, malicious or insulting behaviour or abuse of power, which makes the recipient feel upset, threatened, humiliated or vulnerable, undermines their self confidence and may cause them stress.[9]

I wanted to find out what behaviours were experienced as well as prevalence, frequency, effects, and people's responses. I then asked staff to define behaviours as incivility and/or aggression, and to state whether they also thought the behaviour was bullying or not. Some of the results were unexpected.

Research results

With experienced and/or witnessed behaviour, the incidence rate was very high (63 and 52.8%). The most common negative behaviours identified from a list of 27 were:

- Claiming credit for someone else's work.
- Setting out to make a member of staff appear incompetent and/or make their lives miserable through persistent criticism.
- Deliberately withholding information/providing incorrect information.
- Isolating/deliberately ignoring/excluding someone from activities.

Most behaviour was described as incivility, with approximately half also classed as bullying, while the rest was incivility not perceived as bullying. What was particularly interesting and unexpected was that the incivility not classed as bullying had almost identical levels of effect as the incivility also viewed as bullying. The smaller number of people who experienced aggression clearly identified greater effect and aggression was always described as bullying. Lower frequency behaviour (now and then) had similar effects to higher frequency behaviour.

All categories of behaviour had a negative impact on job satisfaction, motivation, commitment and co-operation, and those affected avoided communication and direct contact with the perpetrators. Some people admitted to retaliating (my only regret was not asking them what they did!), and some people moved jobs within their organisation. Many experienced an increase in stress levels.

Though I recognise this study was small, the findings clearly have implications for how we view negative behaviour. We have to look beyond the word 'bullying'. Organisations seem preoccupied with whether or not behaviour is bullying – if not considered 'bullying', people seem to think it doesn't count. However, all negative behaviour is damaging to the individual and the organisation, and has implications for the quality of care delivered to the patient.

Organisations need to be proactive in addressing the problems. There needs to be a clear expectation of positive behaviour throughout the organisation, of treating colleagues and subordinates with dignity and respect. Also, the emphasis needs to be on prevention and early resolution of all negative behaviour, in contrast to toleration, which is so prevalent. Any situation that is ignored escalates, and it is then difficult, if not impossible, to resolve issues sensibly without separating individuals. By then people are psychologically and emotionally damaged. Cheesman[3] describes formal resolution as 'Going nuclear'! And it is. At the formal stage a person may get justice, but the damage is huge for all concerned.

We must neither condone nor tolerate negative behaviour to ourselves or others: 'And if you see it happening to someone else, don't just look away'.[4] We must come alongside people and support them. We must not turn away even if that is costly. If we ourselves have behaved negatively we need to restore relationships swiftly.

The servant of all

As Christians we return to the scriptures and the challenges of 'Love your neighbour [colleague] as yourself'[10] with its requirement for dignity and respect for all. I am also challenged by research[11] which showed that the most effective leaders and managers firstly show a genuine concern for the wellbeing of others. They model other key positive qualities including an ability to communicate and to inspire, they empower others, and they demonstrate transparency (integrity, honesty and consistency) and accessibility and flexibility.

A good leader is 'servant, rather than hero'.[11] Familiar? We come back to following the one who truly empowers, the inspirational communicator who loves us despite our weaknesses and failings, the servant of all.

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A good leader is 'servant, rather than hero'

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