W
dn’t you think that, being such a grubby and cowardly business, bullying would quite ashamed to show its face? Yet it is alive and well, an integral part of NHS culture. It thrives on silence and secrecy but, brought out into the open, it looks altogether less frightening. Many people don’t believe that reporting a bully would change anything except their own position for the worse. Bullying is evil and it’s high time we confronted it.

Bullying is the abuse of another person by virtue of some sort of power over them. Power play is a part of most relationships but bullying is not the ordinary rough-and-tumble of two sinners trying to relate to each other. There is nothing particularly Christian about having a thin skin or a sensitive ego. Most of us get bumps and bruises in everyday life: we shrug our shoulders and have a cup of tea. Everyone has off-days, including us.¹

You know the difference: the colleague who makes you feel cold just by being there; that loathsome, manipulative patient; your managers trying to horse-trade another encroachment on your peace of mind; the consultant who can’t lead without humiliating others. Something isn’t right but you’re the one who feels guilty! Skilful, isn’t it?

Humanists say that bullying is unacceptable because no one has a right to a life-style that degrades other people. Christians go further: when you degrade another person, you insult their Maker.² God most surely sees what you do.³ It is not a light thing to anger him.⁴ Indeed, one of the best thought correctives before undertaking a difficult conversation is to remember that the other person is precious to God who is sitting at your elbow as you speak and sees it all.⁵

Firm supervision or bullying?

Supervision and mentoring are meant to be formative. This may involve correction of mistakes and unhelpful or unprofessional traits. Yet mentoring should never be destructive: reducing self-esteem and ability have no place in a supervisory relationship. Most organisations believe that they have a duty to train and educate their workforce; they also have a statutory duty to safeguard the physical and mental health of their workers. Most NHS trusts have formal anti-bullying policies but these frequently go the way of all other well-meaning policy statements when push comes to shove.⁶ In one study of junior doctors, 37 percent said they had been bullied in the last year, and 84 percent in their professional lives.⁷

What can you do?

WRITE – Strip the incident of emotion and record the bald facts. Write it down and then read it. Is it...
reasonable to be upset by this? If you think so, take it to someone you trust and ask for their judgment. Write, time and date all such incidents: this will be invaluable if you decide to pursue things. It may also help you in praying and keeping perspective.

**THINK** – Try to separate the just from the unjust. We do need to learn from our mistakes even when the rebuke was unreasonable. If harsh words were justified, accept them with or without a tear. Then get up again. If you’re feeling strong, a ‘Thank you’ will blow them away!

**DECIDE** – If it’s not a big deal, go and talk to them. Choose your time well: say what you think they did wrong without emotion and offer your hand. If they have any integrity, you’ll go up in their estimation. Writing may be appropriate but has less impact.

If it is a big deal – repeated, malicious or sexual bullying – don’t do anything on your own. Sift through your thoughts with a trusted third party - a chaplain, colleague or BMA representative. Together, explain to the bully why their behaviour is unacceptable and how you will respond if it’s repeated. Be well prepared, civil and as emotionless as possible. Briefly record the proceedings afterwards.

**What will happen?**

In either situation, a variety of reactions are possible. The bully may be astonished and apologetic. You might encounter cold resistance. Remember, it is not your job to produce repentance. If it is a big deal – repeated, malicious or sexual bullying – don’t do anything on your own. Sift through your thoughts with a trusted third party - a chaplain, colleague or BMA representative. Together, explain to the bully why their behaviour is unacceptable and how you will respond if it’s repeated. Be well prepared, civil and as emotionless as possible. Briefly record the proceedings afterwards.

**The bullying patient**

The principles are the same for a patient who abuses a relationship. Go away and reflect, write it down and maybe consult with someone wiser. If you are a junior doctor, go to your consultant first. Deliver an unemotional response, either face to face or in a letter, or think who should do so. If it is repeated or malicious, meet up with the person with a third party present. And you do, after all, have the power to end the relationship.

**Bully boss**

Some people are serial, hard-core bullies: they are identified in NHS folklore and people avoid working for them. Their superiors often know about it but are disinclined or afraid to confront them. They twist, turn and lie to avoid trouble. Such people are difficult to take on: isolating them by refusing to work for them may not be practical in a job-scarce market. Yet a serious allegation of bullying, fed through your educational supervisor, manager or regulatory body’s visit may well precipitate action. Others are on and off bullies: enquiry of your peers usually helps you decide if this is the case. Knowing whether this is a deep-seated problem or a stumble by a hard-pressed clinician can influence what you do.

**Going nuclear!**

Like resigning, you can do this only once. Your ‘superior’ colleague has far more to fear from it than you do. A serious, evidence-based accusation of bullying is a devastating thing to face. It also effectively ends the relationship. Sometimes it might have to be done: for the sake of others, justice and the honour of your Lord. It involves putting in a formal complaint, backed by records and advice. It’s unpleasant, destructive and causes significant collateral damage. The bully knows this too and will be just as anxious as you to avoid it. Threaten only once and then do it.

**Pray**

Prayer is a wonderful transformer - of us, promoting God’s will on earth, not ours in heaven.10 We can bring any trouble and ache to our Heavenly Father.11 He gently wipes our tears away. The trouble is that we’re prone to storm out at that point and re-join the fray. We shouldn’t: casting our sorrows where we have cast our sins - at Jesus’ feet - should be the start of a time with God.12 Sitting in silence with God is transforming. Slowly, we gain heaven’s perspective on the situation: then it’s relatively easy to pray for the most disagreeable person.13

**Evangelise**

God’s grace is more powerful than anyone’s sin.14 Jesus’ name can bring down extraordinary barriers.15 Hard-headed managers can cope with tears and shouting but are all at sea when someone returns blessings for curses, offers forgiveness unasked or gently resists evil.16 Bullies do not know how to cope with the kingdom of God. Nor do they realise, when viewed from a kingdom perspective, how vulnerable they really are.17

**The power of ‘No’**

Most of us worry too much about refusing to be abused. As I have progressed as a consultant, I have been struck by how few adverse events there are when you say ‘No’. After all, the only person we have no right to say this to is God. Now, your manager is not God.

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**References**

1. Matthew 7:3-5
2. Proverbs 17:5
3. James 5:4
4. Nahum 1:6-8
5. Psalm 10:11-14; Psalm 139:1-12
6. for example www.wmcconfed.nhs.uk/Policies/Worcesterbully.pdf
8. Matthew 18:15
9. Matthew 18:16
11. 1 Peter 3:12
12. 1 Thessalonians 5:15-18
13. Psalm 73
14. Romans 5:20-21
15. Romans 2:14-18
17. Proverbs 24:19-20