The impact of bullying on patient experience.

Ideas for change.

12.9.18
Welcome to the meeting

Jon Restell

Workforce Issues Group Co-Chairs

Simon Arden-Davis
Workforce Issues Group
- Priority Areas

• To identify, share and promote good practice where organisations have supported and developed Line Managers to tackle bullying

• To identify and raise awareness of the impact of bullying on patient care, working in partnership to share findings from organisations. Identifying potential gaps in knowledge and commissioning new research with support from partners.

• Connecting more of the system to itself, staying aware of actions being taken by ALBs, Trade Unions and Regional Social Partnership Forums that may be shared to inspire further activity.
There is a link between the level of management support to employees and the level of psychological distress & workplace bullying

- Supportive work environments protect individuals from some of the harmful effects of bullying
- Organisational climate is strongly influenced by the behavior of managers and their commitment to supporting (or not) the wellbeing of staff
- Managers act as role models for employees who then reflect their behavior and values
- Managers need good interpersonal skills to help identify and deal with incidents of bullying quickly
- The role of managers is crucial to lend support and credibility to interventions and create a culture in which negative behaviours are challenged
- Training targeted at managers needs to be relevant and tailored to the local context

I think Jan's organisation robust way of dealing with it is an exemplar.

I’m curious to find out how Jan’s Trust built Trust among staff to come forward and to continue building trust and confidence in dealing with B&H?

STOP - 'Several times on purpose' defines what we mean by bullying at our Trust. Remember that some people lack insight into their behaviour and may not necessarily be a 'bully'. They may not have had leadership training and the only way they know is a directive approach. It might be through education 'training' they may change their behaviour i.e leadership training, and also creating a coaching culture. I truly believe the bulk of our organisation fits into this category.
Tips for using GoToMeeting

Be yourself
Act like it’s a meeting
Mute your mic if noisy
Use the chat box
Listening is ok
Questions are good
Aims of Today

- To consider the evidence base for how bullying in the workplace affects patient experience
- To identify, share and promote good practice where organisations have tackled bullying and improved patient care
- To identify key points to share with the wider NHS
What does the evidence say?

- Bullying threatens patient safety by inhibiting team work, obstructing communication and delaying new practices being implemented. Disruptive behavior can lead to an increase in errors (1)
- Bullying has significant direct and indirect effects on adverse events and perceptions of patient care quality and increased patient safety risk (2)
- Being a target of aggression may prompt an impulsive aggressive response with likely impact on the quality of care provided to patients (3)
- Bullying affected fall rates, medication or treatment errors, adverse events and communication (4)
- The kind of improvements needed in patient safety cannot be achieved if talented people are lost (5)
- Bullying behaviour can have a significant impact on patient outcomes and safety, putting staff at greater risk of making mistakes. Bullying increases the risk of medication errors (6)

References:
1. Bullying in Healthcare: A Disruptive Force Linked to Compromised Patient Safety (Wallace & Gibson, 2017)
2. Impact of workplace mistreatment on patient safety risk and nurse-assessed patient outcomes (Laschinger, 2014)
3. ‘First, Do No Harm’: The Role of Negative Emotions and Moral Disengagement in Understanding the Relationship Between Workplace Aggression and Misbehavior (Fida et al, 2018)
6. Bullying in the Healthcare Industry (Dalton, 2016)
Tackling Bullying, creating positive cultures

Northumbria Healthcare NHS Foundation Trust (NHFT)

What you put in place

- Key indicators used to identify stress ‘hotspots’
- Mediation service for staff
- Conflict resolution training
- Line manager training
- Values-based recruitment
- Organisational policies and strategies linked to conflict competence
- Key stakeholders embed the organisation’s commitment to conflict management.

For more info, see NHFT case study: www.nhsemployers.org/case-studies-and-resources

Expected outcomes

Research by Latreille and Saundry on behalf of ACAS (2015) revealed perceived causes of conflict at NHFT and highlighted how time-consuming conflict could be.

The research concluded that NHFT ‘provides a unique example of an organisation that has adopted a strategic and systematic approach to conflict management.’

Workplace conflict can:
- Result in staff suffering undue stress and sickness
- Impact on team working
- Lead to grievances
- Have a financial cost to an organisation
- Detrimental impact on patient care.

NHFT is enabling its staff to better manage conflict in the workplace. An internal workplace mediation service, part of a wider ‘culture of resolution’ is having a positive impact in the trust.

Get In touch
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Did it work?

NHS Staff Survey results 2016 - the percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months in NHFT was 16 per cent (the best score for an acute trust). The national average for acute trusts is 25 per cent.
Social Partnership Forum – Creating Positive Cultures

Project

Partnership Focus on Bullying & Harassment

Organisation

Plymouth Hospitals NHS Trust

What you put in place

• We designed a series of events to seek the views of our staff on bullying & harassment, to be run in partnership by HR, Trade Unions and our Freedom to Speak Up Guardians.
• Events will include a stand in main hospital foyer on 16/2/17 as part of Fab Change Week for staff to talk to us, a series of drop in clinics led by HR, Guardians or TU reps to share experiences or ask questions, and staff will be invited to hold a 1-1 conversation with nominated contact points.

Expected outcomes

• Our aim, through these conversations, is to develop a better understanding of the most effective ways of supporting staff and improve our processes and interventions to tackle bullying and harassment, and ensure that staff feel able to speak up.
• We anticipate this may lead to an increase in awareness and concerns being raised.

Background

• We know that bullying & harassment can have serious consequences for affected staff and can also lead to poorer patient care.
• We wanted to make sure that any staff member feels safe to and knows how to speak up about bullying & harassment issues.

Did it work?

• We will evaluate the impact of this partnership staff focus but we are encouraged already by the commitment of everyone involved to collectively work together in partnership on this important issue for our staff.

Get In touch

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Sharing our experiences

Questions to think about

• How did you know patient experience was being impacted?
• What did you do?
• What was the outcome?
• What did you learn?
What do we share?
Next Steps

• Follow up with volunteers who would like to tell their stories in more detail

• Share key points with wider NHS colleagues

• Shift focus to wider system
JOIN OUR NEXT VIRTUAL MEETINGS:

Tuesday 29 January, 10.30 – 12:00
Connecting the system and sharing our stories
Thanks for being part of the meeting today.