

# What must be done about bullying and undermining in obstetrics and gynaecology

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## Abstract

Bullying and undermining is a well-recognised problem for all those working in Obstetrics and Gynaecology. There is incontrovertible evidence of the damage to patients and staff wherever bullying and undermining behaviour is tolerated. In many organisations, corrective actions are manifestly inadequate to solve the problems. It is beholden on everyone committed to patient safety in Obstetrics and Gynaecology to improve and evaluate more effective interventions.

**Keywords** bullying; evaluation; incivility; patient safety; undermining

## Introduction

### What is meant by bullying and undermining?

Although often used interchangeably, bullying and undermining have different definitions that address different aspects of the malicious relationship perpetrators inflict on a victim.

Bullying is characterised as offensive, intimidating, malicious or insulting behaviour, an abuse or misuse of power through means intended to belittle, humiliate, denigrate or injure the recipient. Undermining may be characterised as behaviour that erodes professional standing and self-esteem by indirect or underhand means. Both damage the recipient but undermining is insidious and difficult to detect and prove. Despite a number of high profile initiatives, such as increased accountability for CEOs in England and campaigns by a number of Royal Colleges, there continues to be a high prevalence reported across all healthcare settings. In the 2017 NHS staff survey, 24.3 % of staff reported experiencing bullying and undermining from colleagues. Obstetrics and Gynaecology as a specialty continues to report higher rates than other specialties.

### The damage it does

The estimated cost to UK organisations in all sectors has been estimated as £13.75 billion per year. At least 8% of consultants registered with the RCOG have indicated that bullying and undermining behaviour causes them problems such as significant sleep loss, reduced confidence, depression and illness. This alone should raise anxieties for patient safety.<sup>1</sup>

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In healthcare the damage that unacceptable behaviour inflicts is now well described. Reports into calamitous failures of healthcare provision, such as that at Mid Staffordshire Trust, invariably implicate an unchecked bullying culture as making a substantial contribution to the unsafe environment.

Even when the culture is not characterised by overt bullying, there is clear evidence that patient care and outcomes are adversely affected by poor team work which in turn is significantly influenced by the behaviours of the individuals within those teams. In obstetrics and gynaecology, poor outcomes for woman and babies result from our failure to address unacceptable workplace behaviour.

### What the Royal Colleges must do

The RCOG has been at the forefront of work to address undermining and bullying. The workplace behaviours advisor at the college was a post created at the request of the trainees committee and leads the work to raise awareness and promote positive change across the specialty. In every school/deanery in the UK there are workplace behaviour champions who work across their regions to support trainees who are experiencing difficulties. Whilst not providing direct interventions they are a source of advice and guidance, independent of their school structures. When this support had been accessed over 80% report it to be helpful. Work still needs to be done with only half of trainees reporting that they are aware of the support.

It is not only trainees that feel bullied or undermined. The college, in conjunction with the Royal College of Midwives, has also produced a workplace behaviours toolkit<sup>2</sup> which is available on line and contains a wide range of information and resources for individual doctors, educators, managers and organisations. They have also developed an e-learning package with interactive videos which aims to develop understanding and provide practical ideas and advice to all staff, though with an emphasis on trainees in Obstetrics and Gynaecology. The package is freely available.

Other colleges have taken up the mantle with their own campaigns and website resources and the RCOG this year joined the Royal College of Surgeons of Edinburgh (RCSEd) to host two workshops to share experience, promote best practice and practical solutions.

### What trust/hospital leaders/managers must do

The evidence from Illing<sup>3</sup> the most comprehensive review of evidence of bullying and undermining in healthcare, concludes that interventions are more successful when part of a strategic approach to tackling bullying and undermining at an organisational level with, crucially, senior leader and management support and resource. This is a serious malady, not merely a distraction from proper management. Early intervention with support from managers who are practised in conflict management and communication skills and able to challenge poor behaviour is frequently the key to success. It is apparent that, as yet, these skills are by no means universal in either clinical or non-clinical managers. Developing both the people and effective policies should remain a priority for all organisations.

There is much work to do in improving formal processes associated with complaints from victims of bullying and undermining. This was evidenced most startlingly in the RCOG

questionnaire from consultant staff where 73% said the problem was not being addressed by the process. When action had been taken as a result of reporting only 4% said the issue had been resolved. Many victims find these processes as damaging as the experience of being bullied and undermined itself. Furthermore, a key finding from repeated national surveys of trainees and consultants in Obstetrics and Gynaecology is their unwillingness to report incidents of bullying and undermining, due to the perceived effect on their progression through training and their subsequent career. Clearly, standing up to bullying and undermining in a formal setting is praiseworthy, not a sign of weakness, but existing processes convey the contrary effect.

Finally, as Illing points out trenchantly, few management initiatives here are evaluated effectively, or even at all. It is not enough to make changes to policy; interventions must be made that can be shown to reduce undermining and bullying.

### What educators must do

There are myriad reported educational interventions to address bullying and undermining, some specific to Obstetrics and Gynaecology. Whilst the literature is vast<sup>4</sup> and details a range of interventions, such as workshops to raise awareness or improve communication skills, there is little formal evaluation of their impact. Most are simply reported as being well received. In medicine we would not now introduce any treatment without evaluating its outcomes, yet most educational interventions reported in the literature fail to mention whether there is any demonstrable benefit, or its mechanism of effect. Whilst challenging to undertake, we will not succeed in our efforts until we pay more attention to evaluating what does and doesn't work, for whom and why.<sup>5</sup>

There is a worrying trend to speak of resilience in this context. While there is much that those in healthcare must learn to be resilient about, bullying and undermining is not one of them. The challenge to educators is to help eliminate the problem.

### What all obstetricians and gynaecologists must do

Two things that every obstetricians and gynaecologists must do are:

1. Be civil
2. Give timely feedback on poor behaviour based on what you see and feel, rather than making a judgement about the intent

There is an extensive literature regarding incivility and the impact on people and tasks in the workplace. Evidence from simulation in healthcare demonstrates that witnessing behaviour that is simply rude, rather than bullying, still significantly reduces the achievement of clinical tasks. Trite as it may seem, using people's names, thanking them for their work and being friendly and interested in them as human beings all contribute to a positive culture where bullying and undermining cannot flourish.

One of the most effective ways to reduce bullying and undermining is to address the behaviour at the time. This does not mean getting in to a shouting match with a "difficult colleague". Giving calm feedback in private about the impact of a

person's behaviour on how you feel and what that means for you is the most effective way of ensuring the behaviour is recognised by the perpetrator as unacceptable. This is not about questioning their possible intent to undermine, just its impact on you and others. Hierarchy being as it is, in many departments this feedback is often a challenge for the more junior members of the team so if you are more senior don't walk away when you see it happen. Comforting the victim is not enough either. Either address the issue yourself or support your colleague to have the conversation. It does work. The majority of people will be sorry about their behaviour if they realise its impact and will not want to repeat it. Generally, we are complicit in not addressing such behaviour because it is at best uncomfortable and at worst intimidating, which is why the situation can subsequently deteriorate.

### What bullies must do

None of the actions above would be necessary if it were not for your behaviour. You may tell yourself that such behaviours toughen up others or weed out unworthy colleagues, but the evidence shows this to be fiction. You may believe that others see you as strong and authoritative but, again, you are deceiving yourself as others probably see you as a diminished person whatever your professional standing. It is likely that you were bullied yourself at some point and are now perpetuating the damage on others. But we can choose how we behave. Some of the most visited pages on the RCSEd website are those asking, "Am I a bully?" If you think you may be a bully, find out and then choose to behave differently. Ask for help if necessary. Your colleagues will be happier and your patients safer for it. ♦

### FURTHER READING

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