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All SoR members have the right to be treated with dignity and respect whilst carrying out their daily work duties. Sadly this is all too often not the case.

In 2008 the Society of Radiographers conducted a survey amongst a random number of members from different countries and regions. At the 2012 ADC a campaign was launched after subsequent research and reports in 2011 which identified the issue of dissatisfaction with clinical placements (including bullying) as the principal reason radiography students did not complete the course, this replaced financial hardship from previous surveys.

The 2010 Trades Union Congress¹ (TUC) Safety Reps survey found that 1 in 3 (33%) of safety reps identified bullying as a problem within their workplace.

One of the difficulties in approaching the problem of workplace bullying, is that it may be hard to recognise. The effects may be attributed to something else, the symptoms and signs may creep up on the victim long before they are able to appreciate what it is, and how ill it is making them feel from the side effects.

Bullying is a gradual wearing down process that makes individuals feel demeaned and inadequate, the victim may feel they can never get anything right, and that they are hopeless, not only within their work environment, but also in their domestic life.

Definitions of bullying

A good deal of workplace bullying can be overlooked or excused because of a number of

euphemisms which are frequently used to justify bullying behaviours

- Harassment
- Intimidation
- Aggression
- Bad attitude
- Coercive management
- Personality clash
- Poor management style

Defining workplace bullying

There really is no simple definition of bullying because it can take so many forms, occur in a variety of situations and crosses gender, race, age, disability and can involve one or a number of individuals. However, the Society of Radiographers defines this behaviour as:-

- Unwarranted humiliating offensive behaviour towards an individual or groups of employees.
- Such persistently negative malicious attacks on personal or professional performance are typically unpredictable, unfair, irrational and often unseen.

¹ Trades Union Congress (TUC) (2010), Safety Reps survey

- An abuse of power or position that can cause such anxiety that people gradually lose all belief in themselves, suffering physical ill health and mental distress as a direct result.
- Bullying can be regarded as the use of position or power to coerce others by fear, persecution or to oppress them by force or threat. It has been identified as a more crippling and devastating problem for both employees and employers, than all the other work related stresses put together.
- Workplace bullying can range from extreme forms such as violence and intimidation to less obvious actions, like deliberately ignoring someone at work. Yet the disturbing manifestations of adult bullying in this particular context are widely dismissed.

Strong management techniques or bullying?

Bullying is a sustained form of psychological abuse and often emanates from a senior person taking what they feel is a 'strong line' with employees. There is, however, a fine line between strong management and bullying.

That line is crossed when the target of bullying is persistently downgraded with the result that they begin to show signs of being distressed, becoming physically, mentally or psychologically hurt. It can be distinguished from other work related problems, in that it is not the intention of the perpetrator, but the deed itself and its impact on the recipient or target that constitutes workplace bullying.

Experts agree that bullying thrives where it is common behaviour across the management hierarchy. This is especially the case in highly competitive environments where many individuals consider bullying as the accepted method of motivating staff.

The SoR has produced in-depth guidance on the subject of Bullying and Harassment² which can be found at www.sor.org in the document library.

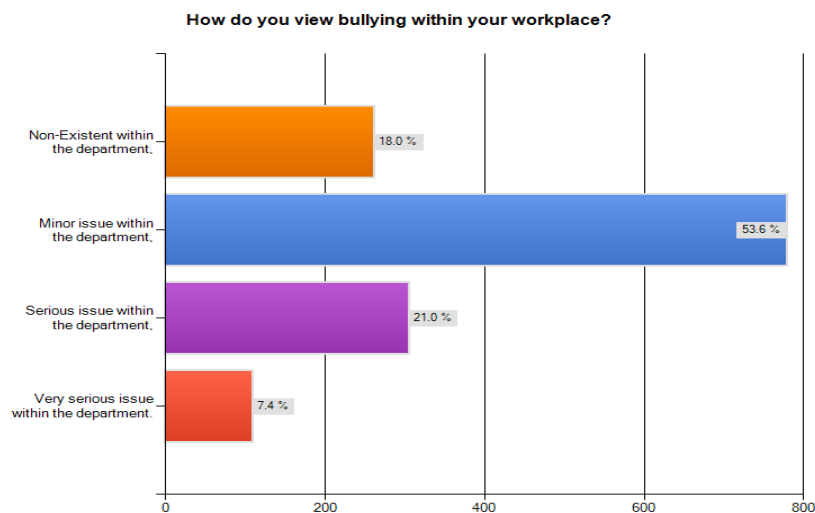
Bullying and harassment is a very sensitive issue can take a number of forms, but ultimately can devastate a member and their confidence. Swift action is necessary to deal with the issue, but the action must also be sensitive to the members needs. What is worrying from the results of this survey is how poorly equipped employers can be in raising awareness and indeed dealing with the instances of workplace bullying.

The Society of Radiographers (SoR) frequently receives enquiries from accredited representatives and members regarding the issue of bullying and harassment within the workplace. After the 2012 ADC motion was passed, on student bullying, a decision was taken to better equip reps with an understanding of the issues facing not only students but members of the SoR. Bespoke regional CPD training was offered to all accredited health and safety reps, a number attended the training which was delivered over two days, the first day focussing on "it's not what we say, it's how we say it", which identified areas within our own behaviour which could be misinterpreted. The second day of the programme included legislation and how we help, and support our members through this particularly difficult period in their life.

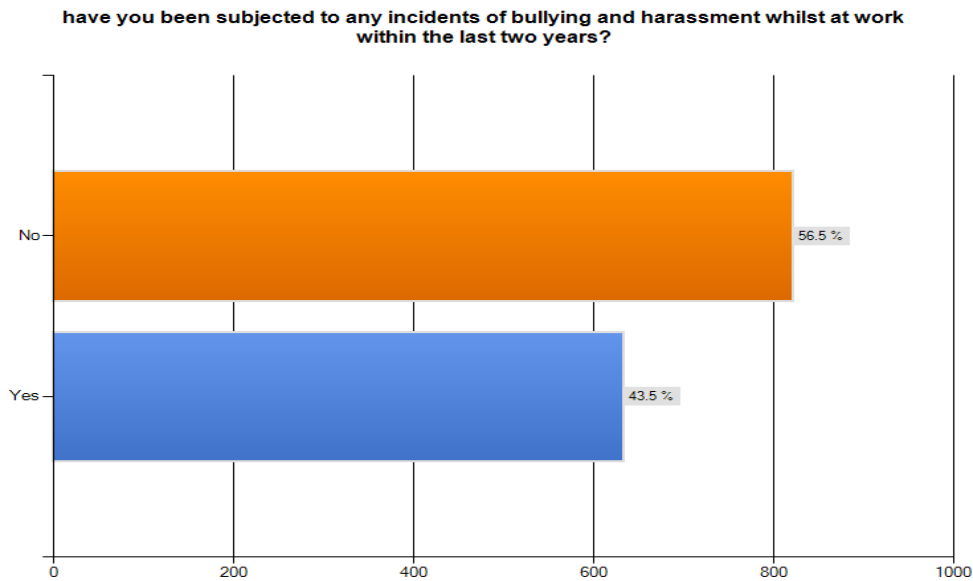
² Society of Radiographers: (2009), Bullying and Harassment: Achieving Dignity at Work.

The aim of this subsequent survey was to ascertain the true extent of the bullying problem amongst the SoR membership as a whole. The survey was conducted online using “Survey Monkey”. A link was sent to 18,701 members inviting them to complete the online survey. 1463 members completed the form. This survey had a record number of responses with 1463 members responding. The day the survey was sent to members 8th January 2013, 800 members completed it online and becoming the quickest completed online survey in the history of the SoR. The SoR intends to survey universities and students towards the end of 2013, to further examine the extent of the problem. We have contacted the National Union of Students and intend to work closely with them.

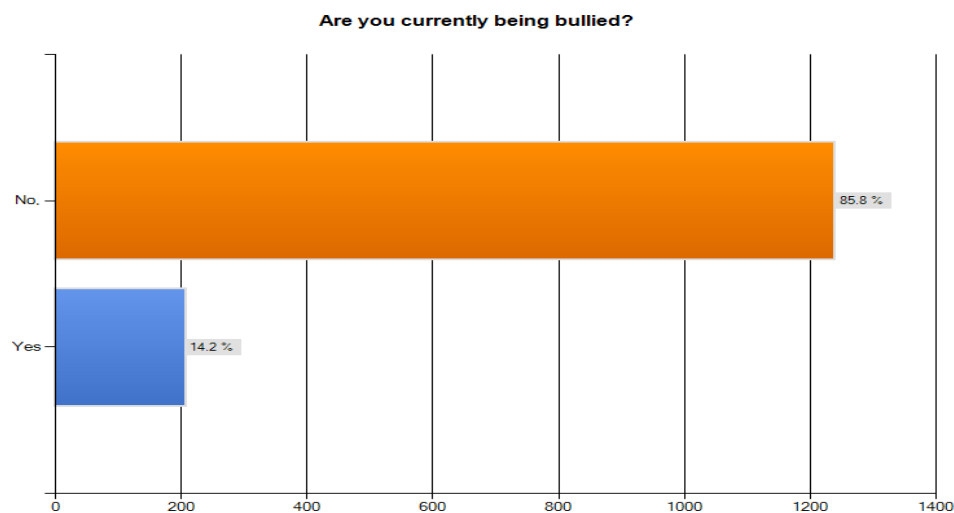
Perception of bullying within your workplace:



53.6% of SoR members who responded to the survey identified bullying within the workplace as a minor issue within their department. It is important to ensure that low-level bullying behaviour is effectively challenged. 21.0% identify bullying as a serious issue, whilst 7.4% identify bullying as a very serious issue within their departments. This suggests that more than a quarter of SoR members who are working in close knit imaging or radiotherapy teams experience or are aware of bullying.

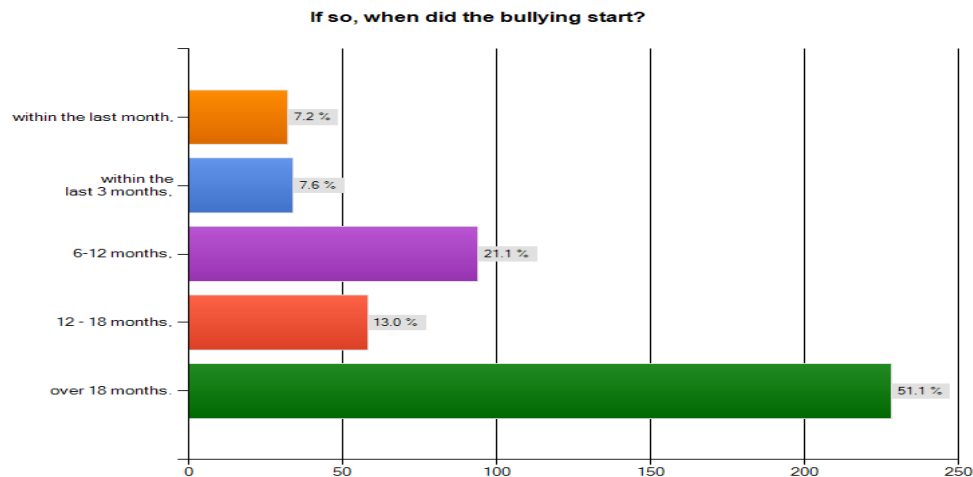


43.5% of SoR members identified themselves as being subjected to incidents of bullying and harassment whilst at work in the last two years. In order to stamp out workplace bullying it is essential the subject is both identified and addressed.

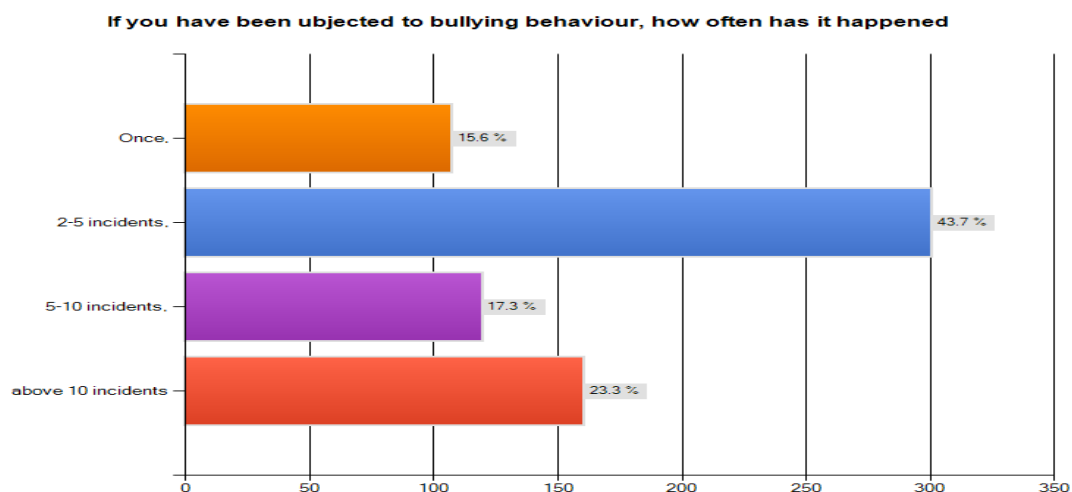


On a positive note, 85.8% identified they are not currently being subjected to incidences of bullying, but work still needs to be done to protect the 14.2% who identified they are.

A series of questions were asked regarding frequency:

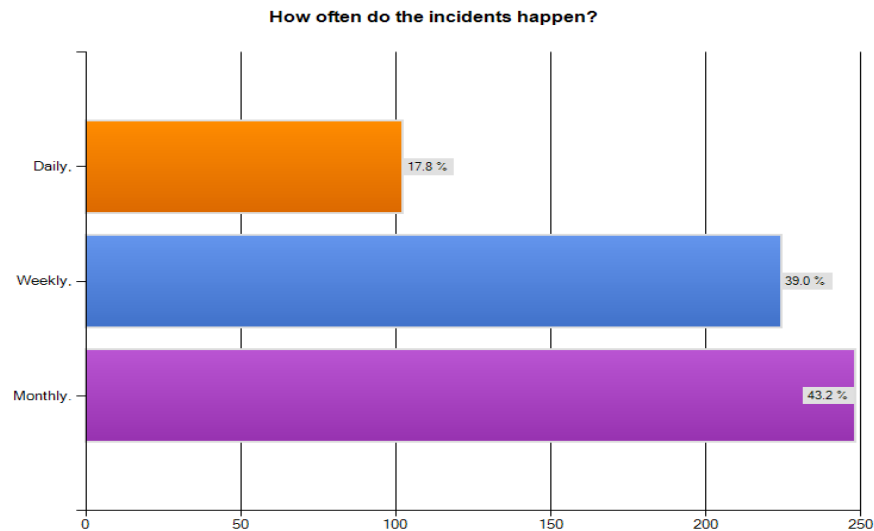


Whilst positive work is taking place (delivering bullying and harassment reps training, educating and engaging with employers to identify and deal with the issue), it can be seen that new incidences of bullying are still happening, 7.2% of respondents identified their bullying as commencing in the last month. Worryingly we can clearly see that 51.1% of SoR members have been subjected to bullying for a considerable amount of time.



The findings from this question demonstrate that those respondents who are bullied tend to suffer more than one incident. 23.3% of respondents have subjected to more than 10 incidents. The SoR and employers need to educate both the victims and members who witness the bullying to report issues and challenge behaviour if they see it happening.

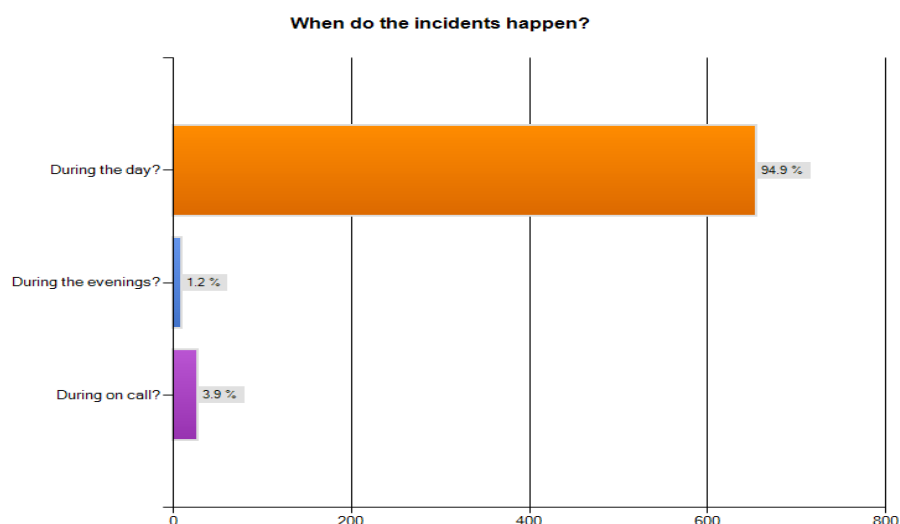
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The 2008 bullying survey identified 16.5% of respondents being bullied on a daily occurrence, whilst in the 2013 survey this figure has rose slightly to 17.8%.

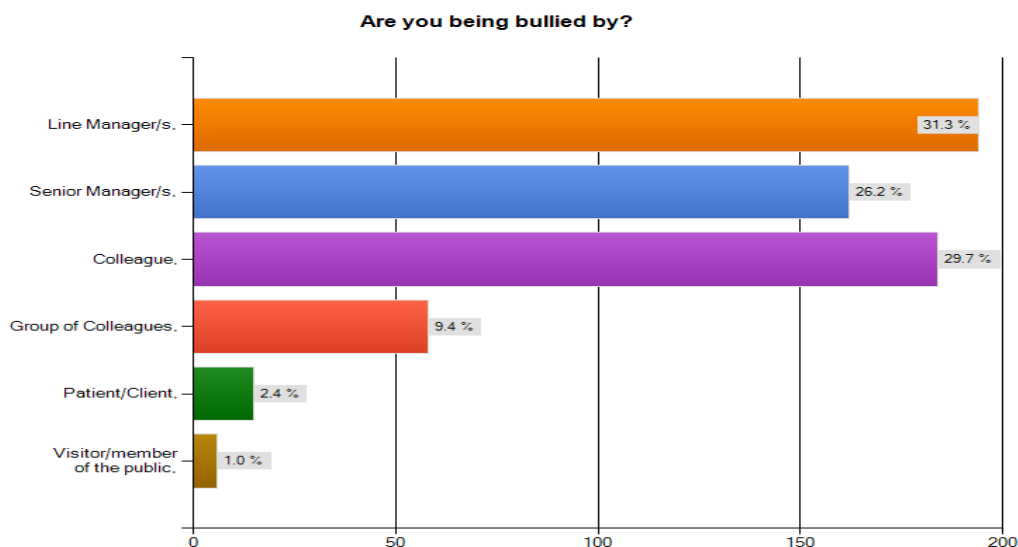
22.8% of respondents identified in 2008 they they where being subjected to bullying incidents on a weekly occurrence this figure has sharply risen to 39.0%.

On a positive note monthly issues of bullying have decreased in 2008 51.7% of respondents identified themselves as being bullied monthly, but the 2013 survey demonstrates a fall to 43.2%.

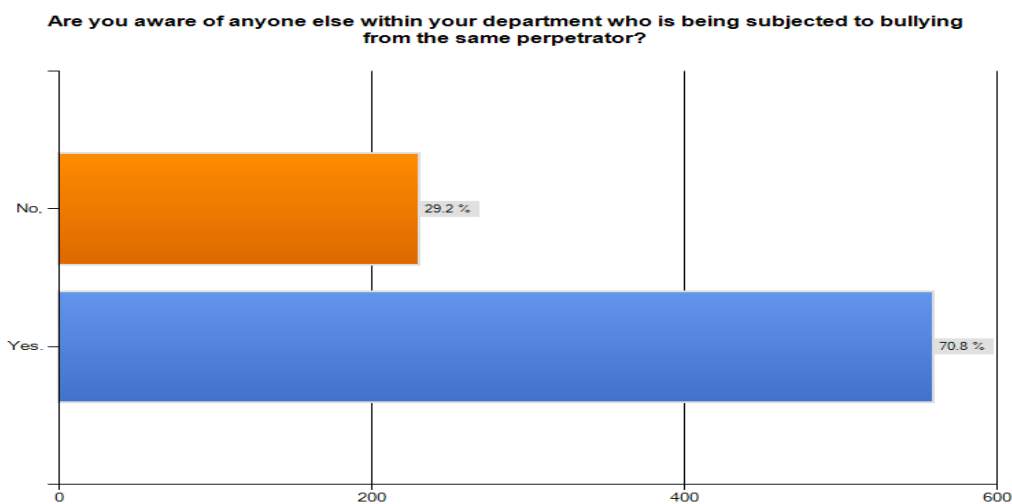


94.9% of reported bullying takes place during the day, when our members work in busy teams, inside busy departments, with numerous patients which highlights the question “are we as SoR members aware of the signs of bullying or do not wish to become involved in stopping the problem and quite simply turn the other way”

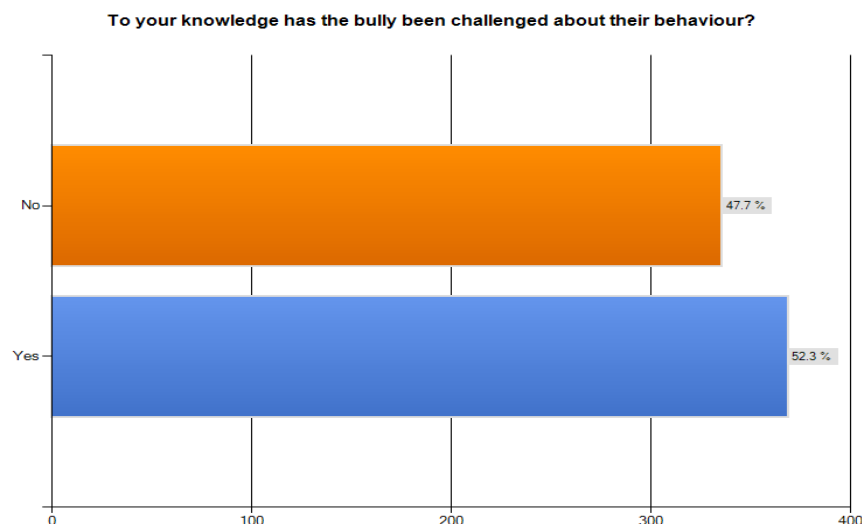
The perpetrator:



29.7% of respondents identified their colleagues as the perpetrator of the bullying behaviour, whilst 26.2% are bullied by senior management. According to the SoR survey an alarming 31.3% identified that bullying is most likely to be caused by their line managers. The SoR, accredited representatives and employers need to ensure that members know the difference between firm management style and techniques and bullying, as this can cause great concern.

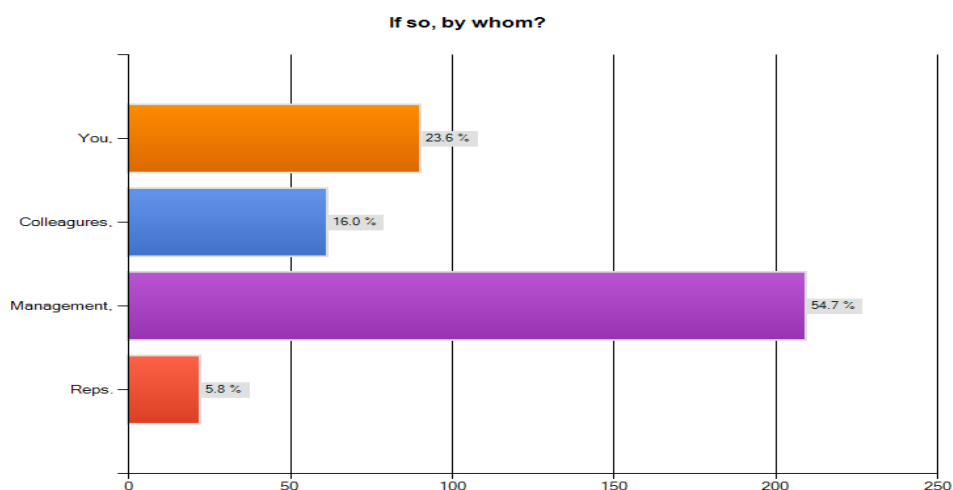


70.8% of respondents were aware that another member of staff within the department is being subjected to bullying by the same perpetrator, the SoR need to ensure that all departments, managers, and members are participants of the "SoR Stop Bullying Campaign", which encourages everyone to challenge the bullying.



The person who is responsible for the bullying may not be aware of the effect their conduct is having upon the victim. In some instances speaking to the perpetrator and discussing their unwanted and unwarranted behaviour may be the catalyst which either stops or changes their behaviour. 47.7% of the respondents identified that the bully had not been challenged.

There may be barriers which will prevent members from reporting or challenging the behaviour, members may simply not want to raise their head about the parapet, worrying that challenging the behaviour may make the situation worse or nothing will change. The SoR, accredited reps, HR departments and employers need to ensure solutions are in place as bullying and harassment in the NHS costs more than 325million.

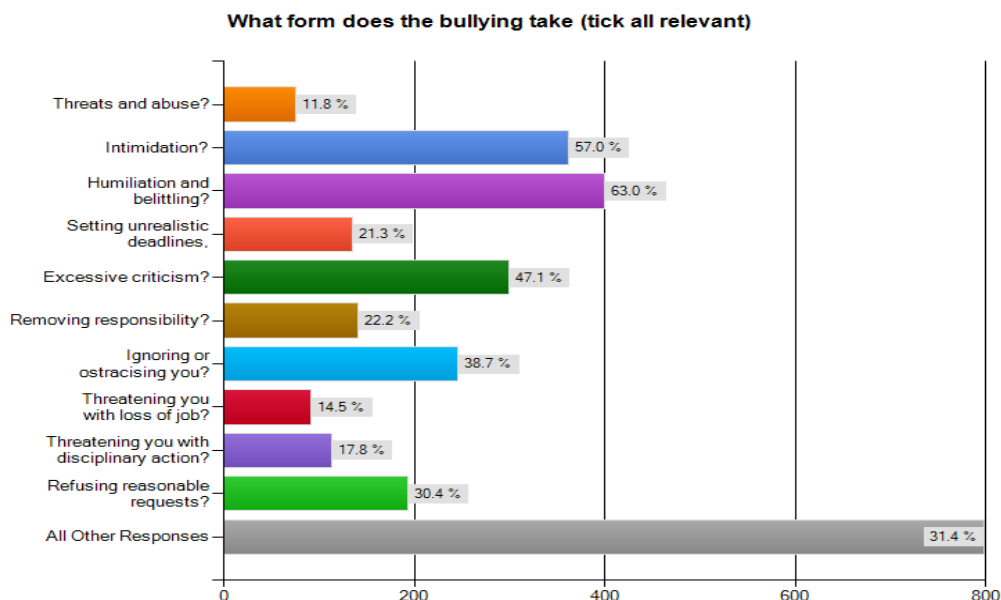


A member may not feel confident in challenging the bully on their own, having an effective workplace mediation programme in place can resolve workplace disputes – but this must be done on a voluntary basis and providing that refusing mediation does not prevent raising the issue further. The TUC and ACAS have produced mediation guidance which can be downloaded from the ACAS website, providing

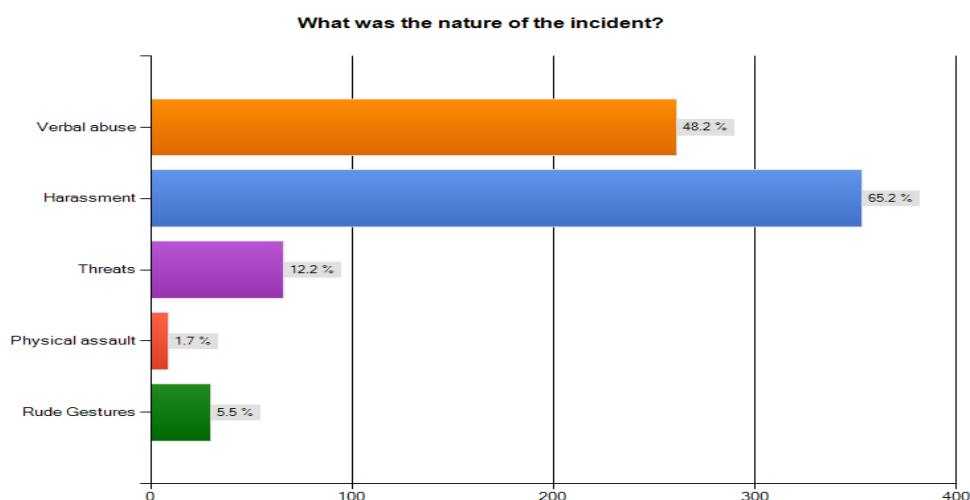
Bullying and Harassment Survey 2013

trusted and impartial advice. 23.6% of members challenged the bully their self, whilst 54.7% were challenged by management. The survey sadly did not question whether this was informally or through a formal process.

There may also be an element of staff becoming involved with bullying of their colleagues unintentionally by their lack of activity, which could be misinterpreted as to condoning the behaviour.



Humiliation and belittling behaviour topped the list of forms of bullying experienced by SoR members, second was intimidation at 57.0% which could be supervising an individual in an overbearing manner, or misusing power and position. Excessive criticism came 3rd at 47.1%.



65.2 % of respondents identified harassment as the nature of the incident. Harassment can take many forms, where it is linked to a “protected characteristic” (race, religion, gender, age, sexual orientation, disability, marriage or

civil partnership or gender reassignment), it may be unlawful discrimination. It is important for employers and reps to recognise the different forms of harassment so that they can be tackled appropriately. The SoR bullying guidance can assist with this.

Respondents were asked for anonymous free text statements regarding the incident: The following are a range of responses.

“Undermining my authority as team leader”,

“Use of role to undermine my management role within the department with other staff members and criticism of my management decisions”,

“Untrue accusations of professional misconduct”,

“Instructing me to do something which undermined my credibility in front of junior colleagues and patronised me”,

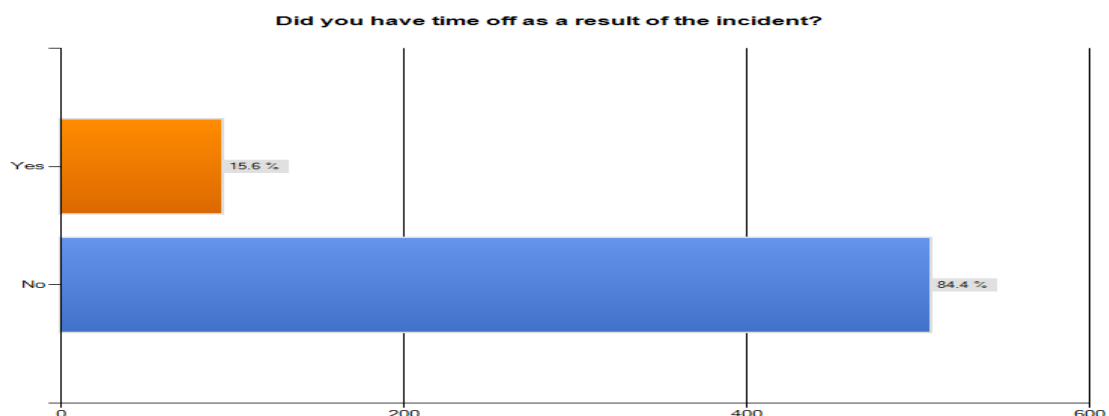
“Belittling to other members of staff and repeated unjustified criticism”.

the storm

“6 months”

“Permanently off work at the moment”,

“I went sick. I did not tell anyone why I was really off. They don't really understand how hidden it is– no witnesses or how sneaky these people are. If I stand up for myself or try to prove it. I know that it will rebound on me. There are about 3



15.6% of members had time off work as a result of the incident. With effective procedures in place this may have not been necessary. Mediation and engagement may have provided much needed support to enable the victim to remain in the workplace. Engagement with SoR health and safety reps to conduct specific workplace inspections, speaking to members about bullying at work or surveying

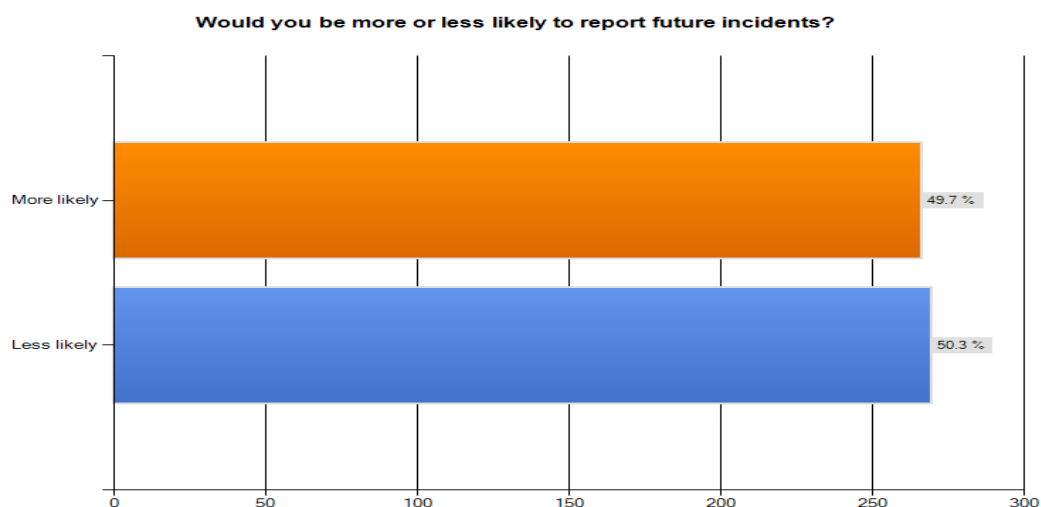
Respondents were asked “How the incident was handled?” The following are a range of responses.

“Senior management and HR have been seriously deficient in their handling of the claims. The manager has been almost entirely unsupported, adversely affecting her ability to manage the team, whilst the perpetrator continues to be at work”,

“Rubbish and that's being polite. Those involved should be ashamed and sacked/ strip their HPC status; I can't believe people like this work in what is meant to be a caring profession!”

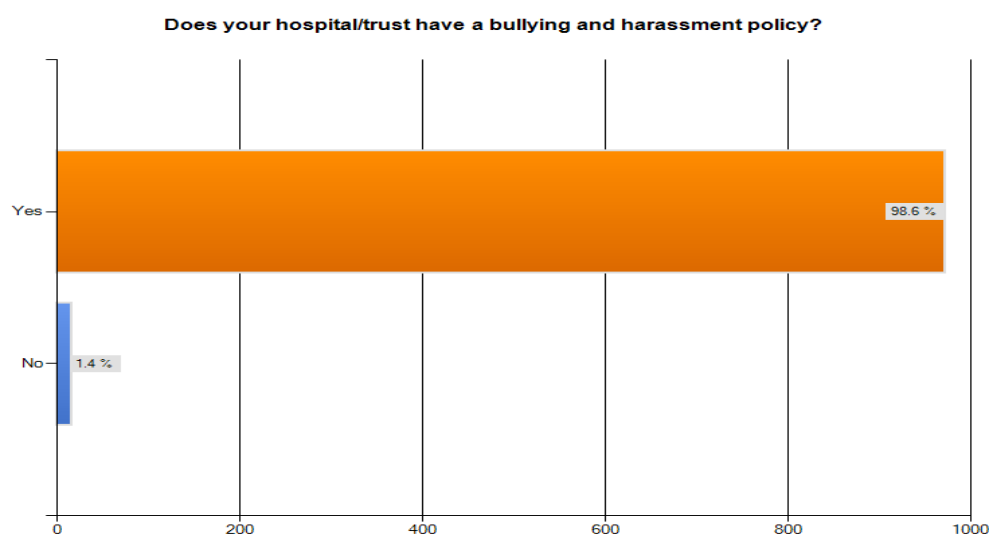
“Badly and there has been no change. I met with the perpetrator with a member of Occupational Health present. The perpetrator proceeded to treat me in the same demeaning way. The Occupational Health Nurse attending commented to me afterwards (“She was defensive, wasn't she.”). I was offered the option of a formal grievance but the perpetrator would still be there and likely to make my life even

members on the scale of the bullying within the workplace can provide evidence of the scale and extent of bullying within the workplace, all of which can be conducted by the SoR individually or jointly with management. Survey findings must be strictly confidential, and it's equally important to inform the staff of the overall findings. The results can aide in developing a policy on dealing with bullying, and be useful in trying to change the behaviour of individual managers and staff. The cost of replacing a member of staff whilst off work sick through any incident would surely be more than development and implementation of effective procedures and support.



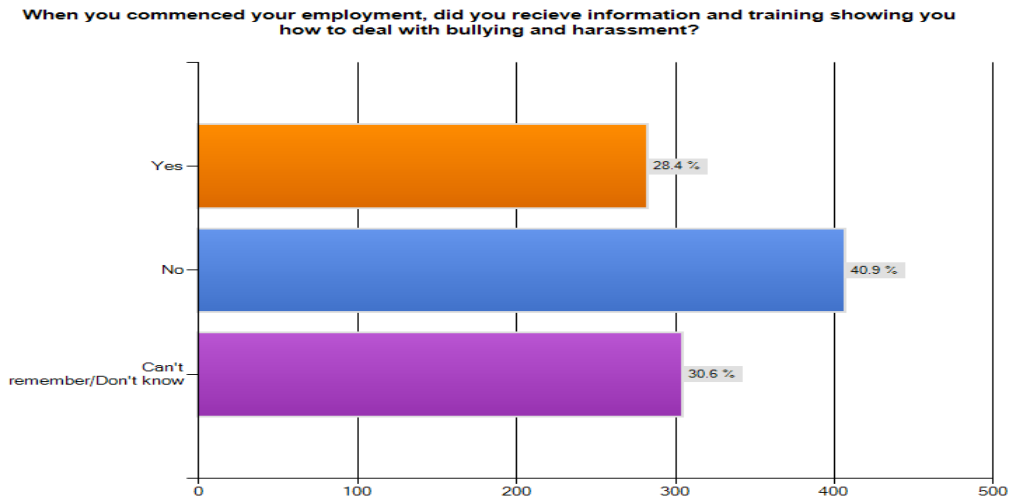
SoR members are decidedly split on whether they would or would not report incidents in the future, with little difference in the numbers between.

Reporting of incidents:

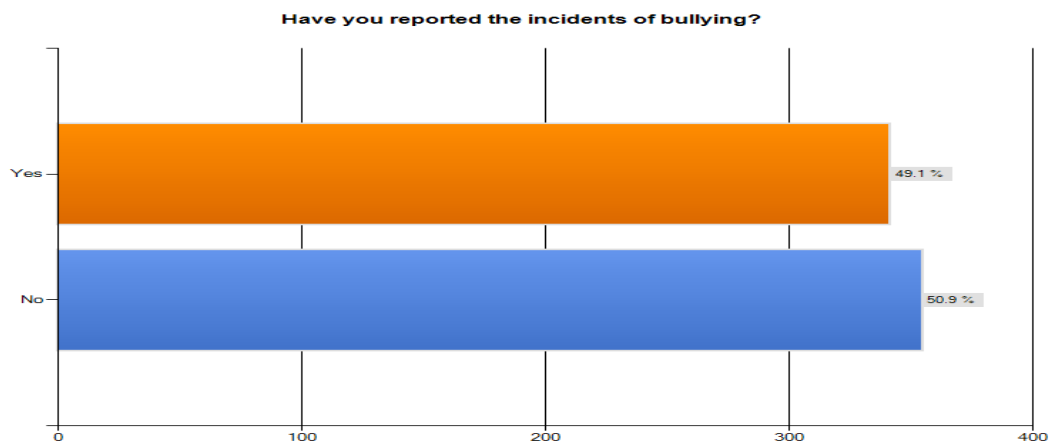


98.6% of respondents stated their trust/hospital had a bullying and harassment policy, the SoR needs to ensure that all members, managers, human resource departments all understand the policy are trained on how to use the policy. It is essential that trusts/hospitals implement a culture that encourages openness to report incidents and issues without fear of further incidents. It is quite a different issue having an unknown, unused policy in place, than an effective one.

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40.9% of respondents did not receive information and training regarding bullying and harassment, which contravenes legislation. Under the Management of Health and Safety at Work Regulations 1999, employers must assess the risks to health and safety from hazards at work, and provide training on control measures implemented to address the risk. This includes the risk of employees developing stress related illnesses because of their work. The HSE Managers guide to tackling workplace stress, identified bullying and harassment as a potential cause of work related stress. Furthermore, the employer is under a legal duty to conduct a risk assessment.



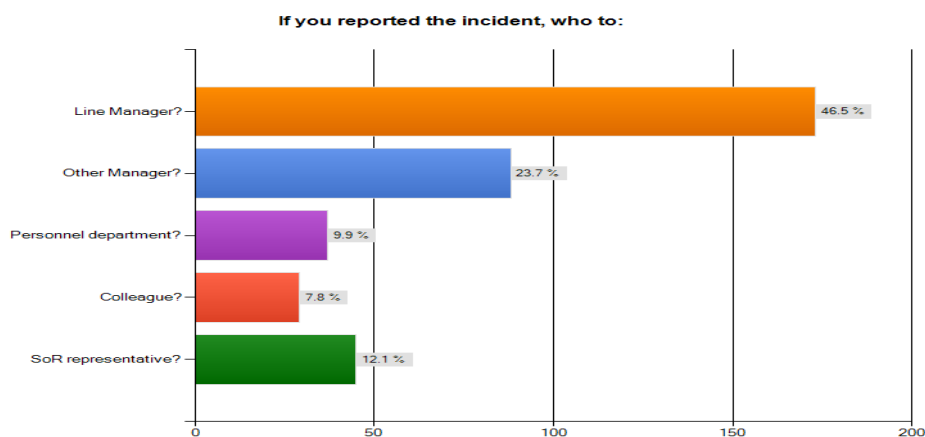
50.9% of members did not report the bullying, a range of their responses are listed below.

“Very vindictive individual, who holds a disproportionate amount of political power within department. Therefore I decided it was not worth the hassle”,

“It's a department wide problem with many perpetrators. Nothing gets done and when people have brought it up no one challenges the radiologists involved”,

“Scared I will lose my job”,

“We all had to fill in an anonymous questionnaire on stress within the Department and I documented that I felt I had been bullied – next I was in a meeting with line manager and occupational health as line manager had concerns regarding my answers. I did decline taking the bullying further as I felt it was subtle and difficult to prove although I was undermined etc as in question on bullying in this survey”.



46.5% of respondents reported the incident to their line manager, whilst 23.7% reported to another manager, this indicates that some employees do feel confident enough to take the initial steps to do so; we need to work on what happens after this.

Respondents were asked “How would they feel about having to deal with a similar situation in the future? A range of their responses is listed below.

“Nothing will change unless there is a major incident in which the management team will be responsible”,

“Scared, I think I would just let it happen until it stopped because policies etc say the right things but in the actual workplace I'm not sure it applies in an effective manner”,

“It makes me feel stressed as I know there is no support and your colleagues/friends also turn on you for causing trouble”,

“I would definitely deal immediately with any incident where it was brought to my attention or where I observed that a member of staff was being bullied by another. Dealing with the incident was difficult and stressful but the effort was worth it”,

“One must stand up to bullying although it is very difficult. Junior members of staff not prepared to do this”,

Respondents were asked “What steps did management take to deal with the incident?” a range of their responses are listed below.

“No steps. I was told to talk to the bully in private to resolve issues, where she shouted in my face for ten minutes telling me how the word "bully" can end careers and that I was

Respondents were asked to describe issues in greater detail if they wished; the following comments are a range of anonymous statements from SoR members

"Please can someone help me?"

"I just cannot believe that someone who has a history of bullying in other hospitals can be allowed to bring their authoritative and oppressive behaviour to so many individuals and no one does anything. It will probably take one of us to crack and commit suicide until this person be asked to justify their behaviour",

"This person is a well known department bully, new staff have been warned to steer clear, I have spoken to the university about their students being bullied, as the service manager wasn't doing anything to stop it, calling it her 1970's management style. Junior staff and students are her favourite targets, I do everything I can to distract her so she leaves them alone"

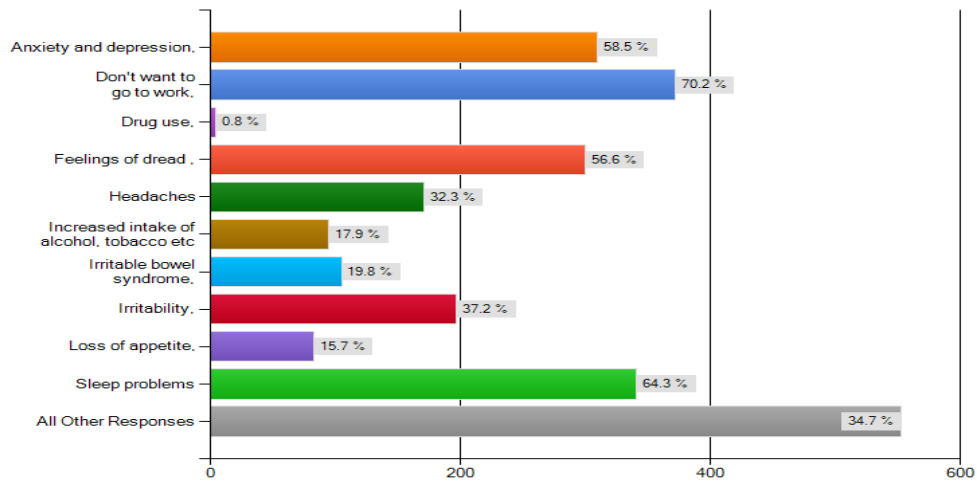
"The bullying described is not often 'selective' to me, but a general culture that is worryingly normal in our trust and indeed the NHS at large",

"Bullying is endemic in the NHS. I observed a colleague being bullied by someone else, very badly. She reported it and was told by HR that she was making too much

Effects on you:

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Can you tell us more about your feelings and the effects the situation is having on you. Have you suffered from/are currently suffering from?



Summary of findings:

Bullying and Harassment Survey|2013

- 53.6% of respondents identified bullying within their workplace as a minor issue,
- 7.4% of respondents identified bullying within their workplace as a major issue,
- 43.5% of respondents have been subjected to bullying and harassment at work in the last two years,
- 14.2% of respondents identified that they are currently being bullied,
- 23.3% of respondents have been subjected to more than 10 incidents of bullying.

SoR members have identified bullying as a “minor” workplace issue, which could identify there is a degree of acceptance that bullying is happening and part of “normal daily life”

The Society of Radiographers, our members and employers are all health care professionals; we have a duty to work together towards the identification and eradication of bullying within workplaces and universities. We have members who are being subjected to bullying, whilst working extremely hard to maintain the world renowned service we provide, the SoR must continue to both raise awareness and tackle this issue.

Recommendations:

- The SoR recognises that our members work daily within close knit teams. We acknowledge there may be a difficult scenario when advising our members who may either be the victim or the perpetrator of bullying behaviour. We will treat both parties with support, dignity and respect.
- The SoR will champion their anti bullying campaign through their network of accredited representatives Provide a identifiable pathway of support for victims of bullying,
- The employer will ensure that a current bullying policy is in place, and educate all staff of the procedures surrounding it,
- Use the SoR Bullying and Harassment guidance for clear definitions between bullying and strong management tactics,
- Sign up to and actively promote the SoR bullying campaign within the department,
- Ensure both SoR Industrial Relations and Health and Safety Reps attend specific CDP accredited training on bullying and harassment,

Future plans:

The SoR is proposing to work with the National Union of Students on a joint campaign; this will provide our student members with a pathway to seek advice and support.

A further survey will take place towards the end of 2013, which will survey students, clinical tutors and university lecturers, on the issue of bullying.

References:

^{Mark} Trades Union Congress (TUC) (2010), Safety Representatives Annual Survey

² Society of Radiographers: (2009), Bullying and Harassment: Achieving Dignity at Work.