

Dealing with bullying: a guide for the foundation year doctor

Introduction

Bullying is something normally associated with assault or name-calling in the school playground. As a child, you assume that adults do not experience it. However, this is far from the truth. Bullying in the workplace can be subtle, insidious and hard to prove. It is sometimes psychologically more difficult to handle than blatant verbal taunts or physical brutality.

Bullies do not respect race, age, gender, religion, profession, seniority or sexuality. You can be bullied by a peer who falls into exactly the same categories as you. You can even be bullied by someone who might be considered to be inferior to you, for example, a relatively junior nurse bullying a staff grade doctor.

It does not automatically mean you are weak or cannot stand up for yourself. If you were not being bullied in the first place you would not even need to think about it.

Why do people bully others?

Some possible reasons that bullying takes place are listed in *Figure 1*.

There is a very fine line between bullying and correcting. If pushed, the bully could easily claim this. If they are your boss or consultant, they may say that it is a training issue and that you need closer supervision and management. If it is a nursing auxiliary or secretary, they may say that you are not carrying out activities the way they are normally done round here.

If a trainee is really so appalling at their job, how is it that they can perform well in one job under one consultant and then badly in the next under another consultant? Perhaps that one specialty really does not suit that person. If it is basic medical or interpersonal skills that are being questioned, then people can react very differently in different jobs. On the one hand,

they can behave badly in some jobs; on the other, they can get on very well and be the consultant's pet.

You may be picked on because of what you represent rather than who you are. You know that the bully will transfer their persecution to someone else when you have gone. However, that does not make it any easier to deal with or any less personal.

Types of bullying

A common tactic when you dislike someone is to accuse them of being incompetent. Another is to report vague and nebulous 'concerns', supposedly uttered by other people, but not always specific or substantiated. Another label is 'inappropriate behaviour' – a good catch-all which can mean anything people want it to (*Figure 2*).

A bully may send you to occupational health, a psychiatrist, for counselling, re-training or on a communication course. This is all under the guise that it is for your own good as you are obviously ill, stressed or have development needs. If you refuse to acknowledge what they have highlighted, then you lack insight into your alleged poor performance.

You may find others are being bullied by the same person and nobody realized this until it all came out into the open. There may be a bullying culture in the organization. Cause and effect are difficult to pin down – can policy influence culture, or does change have to be from the bottom?

How to tackle it

Childhood advice is to ignore the bully, as they will get bored with getting no reaction and go and pick on someone else. However, this is naïve and short-sighted. Often, you cannot escape your tormentor, particularly if it is your consultant or a close colleague that you have no choice but to work with.

It may be worth in the first instance being assertive and telling your perpetrator specifically what has upset you and how it makes you feel. They may be genuinely horrified at the effect of their behaviour, particularly if you burst into tears in front of them. This can be enough to improve the situation. However, they may argue that they are only teasing you, that you are too sensitive, that they are being cruel to be kind, or that they are treating you in this way to prepare you for future jobs in a

Figure 1. Possible reasons why people bully others.

Dislike
Workload pressures
Feeling bullied themselves
Personal problems or illness
Insecurity or inferiority complex – feeling threatened by or jealous of someone with greater experience or ability, better looks or greater popularity
Poor social skills
Going along with the crowd; believing groundless hearsay
Superiority or scorn
Wishing to feel in control
Wanting to correct the actions of others, which they believe to be wrong
Desire to be seen as a good manager but actually have poor management skills
Preparing colleagues for a hostile environment or antagonistic opponents
Cruel to be kind
Teasing someone because they like them, they assume the other person is happy to go along with the joke and that there is a convivial working relationship

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Pinning confidential material on the noticeboard
 Nit-picking for no good reason
 Mentioning nebulous, non-specific 'concerns' that other people have supposedly raised
 Accusing you of having done something wrong when you were actually on annual leave
 Idle threats of being reported to the General Medical Council (GMC)
 Criticizing in front of other staff, or even patients

Figure 2. Examples of bullying.

hostile environment. Once you have made it clear that you are not happy with this behaviour, they should change, or they are not truly considering your feelings.

If you state how you feel, no-one can dispute that. If you say, 'You are intimidating me', it will be denied. If you say, 'I feel that you are intimidating me', they cannot contradict that, as they are not you.

If you get garbled second-hand accounts of how you have supposedly offended other people, or they have expressed concerns, try to speak to them directly and get the true story. However, often the bully will refuse to reveal names, citing confidentiality.

Keep records of everything and document all conversations. However, conversely, this can backfire if the records are too detailed. One injured party was accused of having taped an interview and lying about having taped it, when she had simply remembered the interview very clearly and written it down straightaway afterwards. Get witnesses if possible to provide factual statements of what they saw and/or heard – fact rather than opinion or their own (possibly inaccurate) interpretation. For instance, you should say 'Mr Smith was shouting at Dr X', not 'Mr Smith was obviously angry with Dr X'. Keep copies on your home e-mail or paper – not work e-mail in case you are suddenly denied access or someone else obtains access and changes or deletes material. Do not leave anything at work, either on paper, the hard drive or any network drive. I have heard of contracts being subtly tampered with while left on desks, or vital papers removed. Do not leave your only copy of anything personal or relevant to the case on a work hard drive in case you are suddenly suspended or taken away from that area and cannot retrieve it easily.

You can bring action under the trust harassment policy or grievance procedure.

The British Medical Association (BMA) can help. Do not claim race, sexuality or sexual harassment unless you are absolutely certain that this is the case. It does not solve the real problem. It can rebound on you and make things worse for other people of the same ethnic group, sexual orientation or gender.

Most trusts have a confidential employee assistance or counselling helpline. However, they cannot do the one thing you want, which is for the bully to understand the consequences of their deeds and leave you alone. There are also some useful websites (see box) which can give support and advice.

Sometimes the only option is just to quit the job. If your human resources department conducts exit interviews or questionnaires, it may be worth highlighting your anxieties so that action can be taken. However, they may not do this for junior doctors who move on frequently anyway. You will need to be assured of the confidentiality of what you have submitted, or you could be blacklisted within your hospital or field.

Leaving can be difficult if you are on a set rotation. It may be worth speaking to your consultant or the clinical tutor, programme director or course organizer, and asking to be transferred. If the bully is your consultant who is assessing your competencies and supplying your refer-

ence, this can be awkward. However, their actions may not reflect what they truly think of you. I have known people cowed by bosses who, they assumed, thought badly of them, only to find out months or years later that the reverse is true. It may be better just to wait till the job ends, particularly if it is only for a few months.

Pitfalls

The bully can turn the tables on you and accuse you of being the bully, particularly if they are inferior to you and more likely to be believed. They may provoke you into an emotional outburst, which can then be used against you.

You could gain a reputation as a trouble-maker within your region or specialty.

It is easy to descend into the mode of hurt victim. However, because of the unconscious body language and behaviour that arises from this, it can make the situation worse.

Conclusions

It is true that bullies are cowards and throw their weight around when they think they can get away with it. If it happens to you, try not to take it personally. Establish a sensible dialogue and record everything. If the worst comes to the worst, it may be better to stick it out till the job finishes, or leave prematurely if it will not affect your career adversely. **BJHM**

Conflict of interest: Dr Hooke has worked in both management and medicine.

Useful websites

www.bullyonline.org

www.andreadamstrust.org

KEY POINTS

- Bullying can be subtle and difficult to pin down.
- Bullies can have any number of excuses or reasons for treating you like that.
- They can accuse you of being the problem.
- It is important to document everything.
- Do not keep your only copies of any personal papers or electronic files at work.
- Bring action under the appropriate procedure.
- Ring the British Medical Association and employee assistance line.