

# Bullying and Harassment

## UK and International Perspectives

Malcolm Wright

CEO NHS Grampian

Winston Churchill Fellow 2017

WINSTON  
CHURCHILL  
MEMORIAL  
TRUST

TheKingsFund>



# The chief executive's tale

Views from the front line of the NHS

Author  
**Nicholas Timmins**

May 2016



- It was the best of times, it was the worst of times.
- The sense of pressure and constraint, in some cases bordering on bullying is also palpable.
- The high personal cost for these individuals is hard to exaggerate.
- Pernicious impact of “firing squads”.

- Regulated trust is much less effective from real trust which is based on a belief that leaders have a strong intrinsic motivation to perform to the best of their abilities.
- Real trust is not fostered through a reliance on rules but rather through positive organisational cultures that encourage calculated risk taking and avoid blame.

# Evidence synthesis on the occurrence, causes, consequences, prevention and management of bullying and harassing behaviours to inform decision making in the NHS

J.C. Illing, M. Carter, N.J. Thompson, P.E.S. Crampton, G.M. Morrow, J.H. Howse, A. Cooke, and B.C. Burford

Durham University, School of Medicine, Pharmacy & Health



Published February 2013

This project is funded by the Service Delivery and Organisation Programme

**Address for correspondence:**

Professor J.C. Illing  
Centre for Medical Education Research  
Durham University  
Burdon House  
Leazes Road  
Durham  
DH1 1TA

---

© Queen's Printer and Controller of HMSO 2013. This work was produced by Illing et al. under the terms of a commissioning contract issued by the Secretary of State for Health.

Project 10/1012/01

- Recent meta-analytic data from 24 countries reported bullying prevalence rates from 11.3% to 18.1% depending on the measurement method.
- Around 15% of NHS staff report experiencing bullying from other staff members.
- The prevalence of bullying has been found to be higher among staff with disabilities.
- Males have been found to engage in more workplace aggression than females. Particular leadership styles have been associated with bullying: autocratic, tyrannical and laissez-faire leadership.

- Workplace bullying is a persistent problem in the NHS with implications for individuals, teams and organisations. Exposure to bullying can have serious implications not only for organisational commitment and job satisfaction of targets of bullying, but also for mental and physical health.
- Detrimental effects extend to bystanders, and bullying also has implications for patient safety and quality of care.
- In the interests of patient care, as well as individual and organisational wellbeing, there is a clear need to investigate methods to prevent and manage bullying.



# Bullying and Harassment in the Workplace



Developments in Theory,  
Research, and Practice

Second Edition

Edited by

Ståle Einarsen • Helge Hoel  
Dieter Zapf • Cary L. Cooper



 CRC Press  
Taylor & Francis Group

- Bullying at work means harassing, offending, or socially excluding someone or negatively affecting someone`s work. In order for the label bullying (or mobbing) to be applied to a particular activity, interaction or process, the bullying behaviours has to occur repeatedly and regularly (eg weekly) and over a period of time (eg about 6 months).
- Bullying is an escalation process in the course of which the person confronted ends up in an inferior position and becomes the target of systematic social acts.



ELSEVIER

Contents lists available at ScienceDirect

International Journal of Surgery

journal homepage: [www.journal-surgery.net](http://www.journal-surgery.net)



Editorial

## Undermining and bullying in surgical training: A review and recommendations by the Association of Surgeons in Training



### ABSTRACT

**Keywords:**

Undermining bullying surgical training workplace

The 2012 General Medical Council National Trainees' Survey found that 13% of UK trainees had experienced undermining or bullying in the workplace. The Association of Surgeons in Training subsequently released a position statement raising concerns stemming from these findings, including potential compromise to patient safety. This article considers the impact of such behaviour on the NHS, and makes recommendations for creating a positive learning environment within the NHS at national, organisational, and local levels. The paper also discusses the nature of issues within the UK, and pathways through which trainees can seek help.

© 2015 The Authors. Published by Elsevier Ltd on behalf of IJS Publishing Group Limited. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

- ..... Serious consequences for the recipient of such behaviours and can result in poor treatment for patients as well as adverse consequences for the individual involved.

# PEDIATRICS®

OFFICIAL JOURNAL OF THE AMERICAN ACADEMY OF PEDIATRICS

**The Impact of Rudeness on Medical Team Performance: A Randomized Trial**  
Arieh Riskin, Amir Erez, Trevor A. Foulk, Amir Kugelman, Ayala Gover, Irit Shoris,  
Kinneret S. Riskin and Peter A. Bamberger  
*Pediatrics* 2015;136:487; originally published online August 10, 2015;  
DOI: 10.1542/peds.2015-1385

The online version of this article, along with updated information and services, is  
located on the World Wide Web at:  
</content/136/3/487.full.html>

PEDIATRICS is the official journal of the American Academy of Pediatrics. A monthly publication, it has been published continuously since 1948. PEDIATRICS is owned, published, and trademarked by the American Academy of Pediatrics, 141 Northwest Point Boulevard, Elk Grove Village, Illinois, 60007. Copyright © 2015 by the American Academy of Pediatrics. All rights reserved. Print ISSN: 0031-4005. Online ISSN: 1098-4275.

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™



- Rudeness is routinely experienced by hospital-based medical teams. Individuals exposed to mildly rude behaviour perform poorly on cognitive tasks, exhibit reduced creativity and flexibility and less helpful and pro social.
- Rudeness had adverse consequences on the diagnostic and procedural performance of the NICU team members.

The logo for the General Medical Council, consisting of the words "General Medical Council" stacked vertically in a white, sans-serif font. The text is positioned in the upper right corner of a dark blue circular area. The background of the slide features abstract, overlapping light blue and white curved shapes.

General  
Medical  
Council

# National training survey 2014

## bullying and undermining

Working with doctors Working for patients

- 8% of respondents reported experiencing bullying and 13.6% reported witnessing bullying.
- Evidence supports there is a reluctance to speak out about bullying and undermining – both from fear of reprisals and from a lack of faith that anything will be done.
- ..... Serious impact on the quality of training and on patient safety. It should not be accepted as part of healthcare culture.



# **NHS SCOTLAND APPROACHES**



# PREVENTING AND DEALING WITH BULLYING AND HARASSMENT IN NHSSCOTLAND PIN POLICY

MAY 2011

- Power of a dignified workforce
- Organisational culture
- Values and behaviours
- iMatter experience measuring Employee Engagement
- National Dignity at work survey – November 2017
- Independent National Whistleblowing Officer
- Non-Executive Whistleblowing Champion
- Role of Trade Unions

# **ROYAL AUSTRALASIAN COLLEGE OF SURGEONS**

The background of the slide is a photograph of three surgeons in an operating room. They are wearing blue scrubs, surgical masks, and hairnets. One surgeon in the center is wearing a blue hairnet and a clear face shield. They are focused on a patient lying on the operating table, which is covered with a green drape. Surgical instruments and a white device are visible on the table. The lighting is bright, typical of an operating room.

## Building Respect, Improving Patient Safety

RACS Action Plan on Discrimination, Bullying and  
Sexual Harassment in the Practice of Surgery



# A summary of where we have come from



Early 2015

Allegations that culture of bullying and sexual harassment rife in surgery

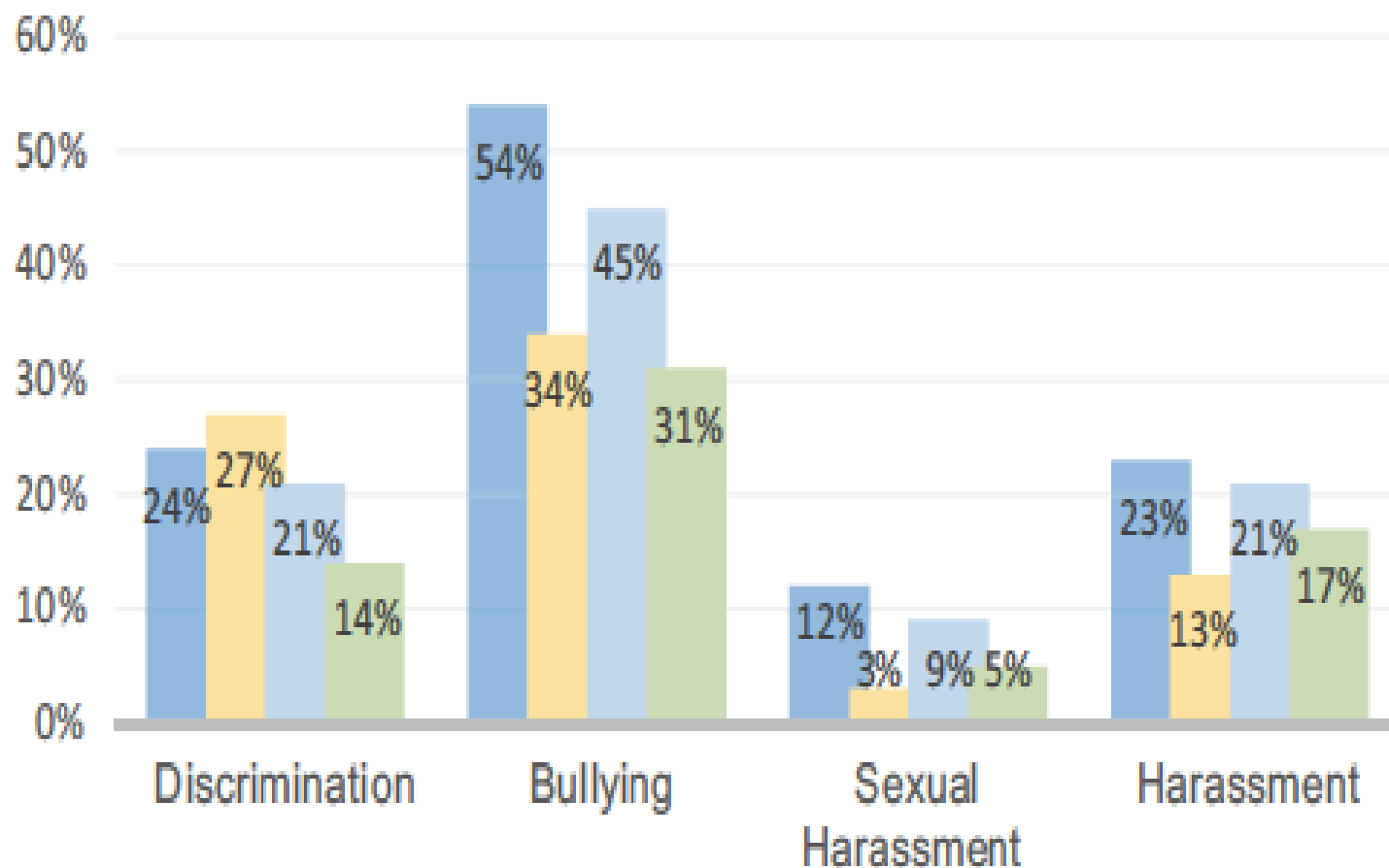
49% Fellows had experienced DBSH

63% of trainees,

30% women suffered sexual harassment

71% hospitals knew it was happening





**Fig. 1.** Data from the survey conducted by Best Practice Australia relating the level of experience of respondents with their reported levels of experience of discrimination, bullying, sexual harassment and harassment. (■) SET trainee, (■) IMG, (■) Fellow <10 years, (■) Fellow >10 years.

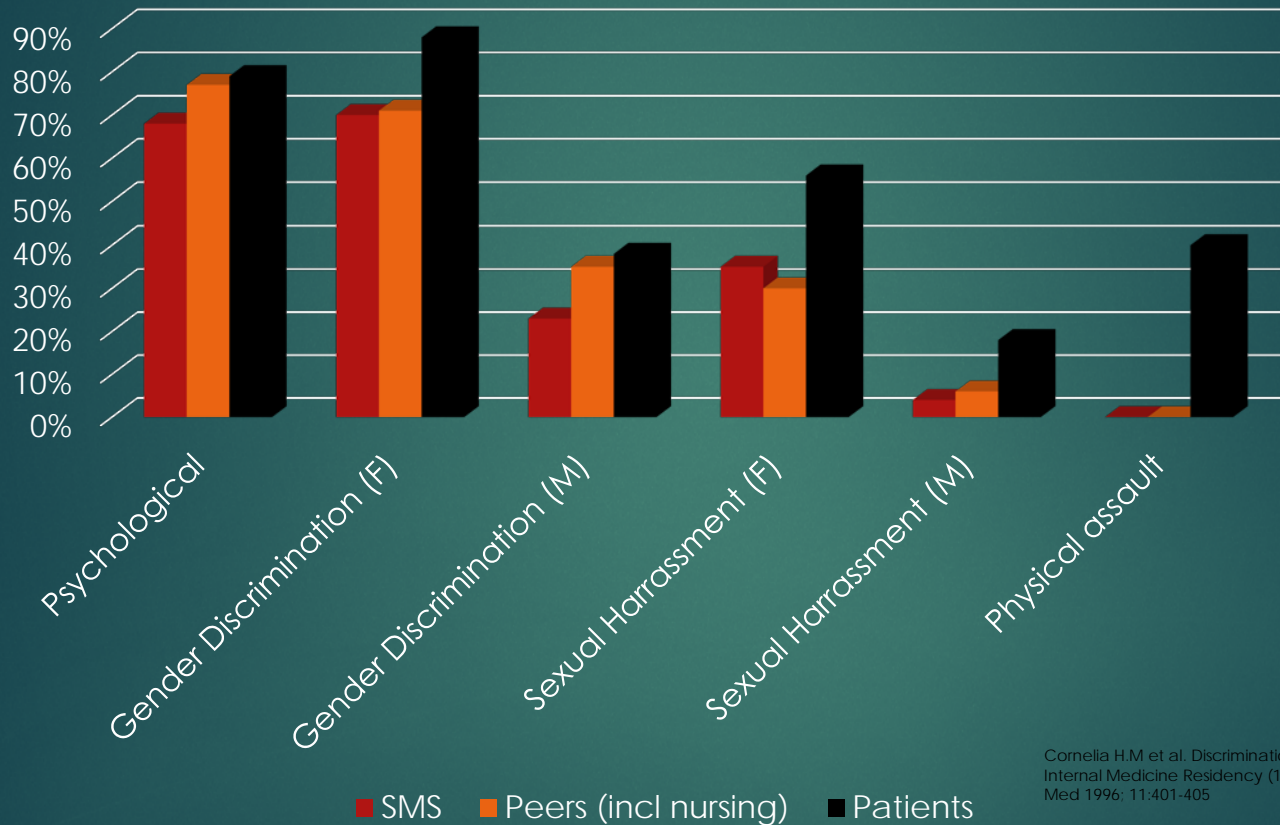
## RDA data on DBSH

Percentage of RMOs in DHBs in the last 2 years, who have personally experienced and/or witnessed...

sexual harassment	10%
bullying	47%
inappropriate behaviour	43%



# Problem affects entire health sector



Cornelia H.M et al. Discrimination and Abuse in Internal Medicine Residency (1996). J Gen Intern Med 1996; 11:401-405

## Abuse and discrimination in medical registrars in Canada

September 2015:  
RACS accepted all 42  
recommendations of the EAG



RACS President  
David Watters and  
Rob Knowles,  
chairman of the  
college's expert  
advisory group on  
bullying accept  
EAG findings

# Expert Advisory Group statement unequivocal

27

- Every **patient** has a right to expect that their healthcare is not compromised by DBSH
- Every **health care worker** has a right to a workplace free of DBSH
- This is a long way from the reality of many health workplaces: **This must change**

# A summary of where we are at now

## Implementation of Action Plan

- ▶ Cultural change and leadership
- ▶ Education
- ▶ Complaint handling



# Poor behaviour adversely affects patient outcomes

29

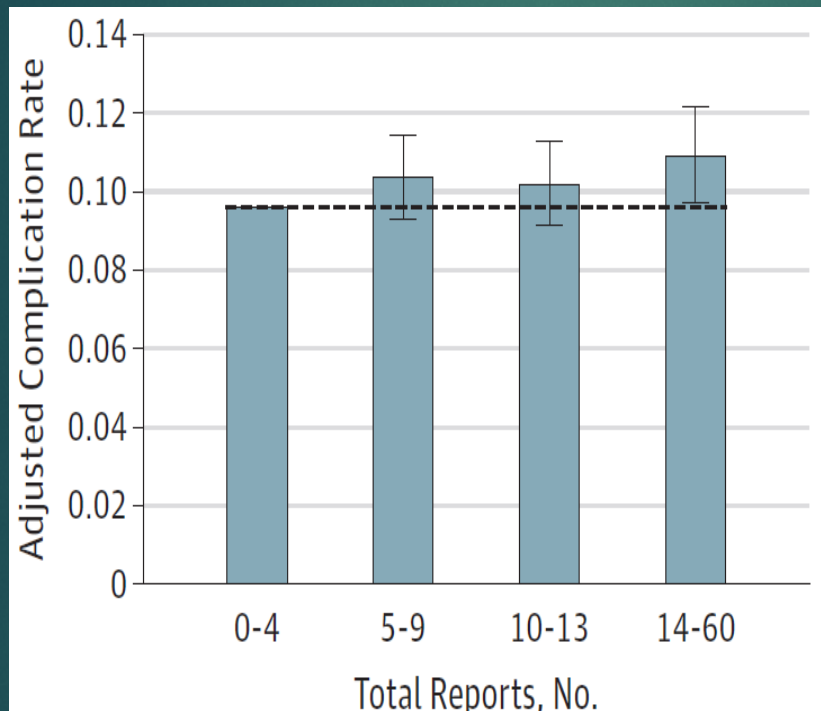
Intuitively we know this:.

Think of the potential consequences on the patient of:

- ▶ Poor (or no) exchange of information between colleagues who have a dysfunctional relationship
- ▶ Adverse effect on trainee's performance if being over-criticised or being excessively stressed
- ▶ Effect on safety if trainee does not communicate key information for fear of rebuke or ridicule
- ▶ Trainee reluctant to challenge consultant when concerned
- ▶ Decline in trainee performance when being intimidated or belittled by consultant

# Link between behaviour and safety<sup>30</sup>

32,125 patients; 817 surgeons



Patients whose surgeons were associated with higher numbers of patient complaints experienced 13.9% more surgical and medical complications\*

Cooper et al Use of unsolicited patient observations to identify surgeons with increased risk for postoperative complications. JAMA Surg Feb 2017

# Poor behaviour affects patients

Medical error, especially in procedural areas

- Medication errors (reluctance to express concerns or uncertainty)
- Excessive pressure reduces performance eg in operating theatre
- Decreases quality of clinical decision-making

Patient complaints

# Poor behaviour affects staff <sup>32</sup>

- High turnover, low retention rates, recruitment costs
- Disrupts continuity of care
- Reduced productivity through poor morale and disengagement
- Adverse effects on training,
- Toxic culture may lead to cessation of training
- Reduces innovation and collaboration
- Reputational damage



So what do good  
Organisational Leaders do?

# Speaking Up for Safety at St George Hospital



## Patient Champions

These Staff members have all been accredited to facilitate the Speak Up for Safety Program and can be contacted for information about the speaking up for safety

Sarah McCosker | Executive Support | E: Sarah.Mccosker@health.nsw.gov.au  
 Caitlyn Tarrant | Nursing and Midwifery | E: Caitlyn.Tarrant@health.nsw.gov.au  
 Tracy Kelly | Allied Health | E: Tracy.Kelly@health.nsw.gov.au  
 Michael Chapman | Medical Officer | E: Michael.Chapman@health.nsw.gov.au  
 Vivienne Chailita-Ajaka | Diversity Health | E: Vivienne.ChailitaAjaka@health.nsw.gov.au  
 Kristin Mills | Nursing and Midwifery | E: Kristin.Mills@health.nsw.gov.au  
 Kathryn Helling | Nursing and Midwifery | E: Kathryn.Helling@health.nsw.gov.au  
 Georgina Agostino | Allied Health | E: Georgina.Agostino@sewhs.nsw.gov.au  
 Sarah Jequier | Mental Health | Email: Sarah.Jequier@health.nsw.gov.au



*When you are upset because of the way someone has spoken to you, you carry it with you. You lose your confidence and you can't think straight. In the future around that person, you won't ask questions and you take shortcuts. That's how patient safety is compromised.*





**Health**

South Eastern Sydney  
Local Health District

## Acceptable Behaviour at St George Hospital

- Encouragement, valuing, recognition
- Support
- Professional work ethics
- Good listening
- Professional courtesy
- Openness and transparency
- Fairness
- Inclusiveness
- Good communication



St George Hospital &  
Community Health Services

# Unacceptable Behaviour at St George Hospital

- **Passive-aggressive behaviour**
- **Aggressive behaviour**
- **Passive behaviour**
- **Poor / unprofessional work ethics**
- **Poor communication**
- **Exclusion**
- **Lack of ownership**
- **Indirect communication**
- **Unfairness**

# How we BEHAVE at St George Hospital



How we give feedback to each other at St George Hospital

- B** Name the BEHAVIOUR
- E** Show EMPATHY
- H** HOW is the behaviour impacting others?
- A** ACTIVE listening
- V** VARY the behaviour
- E** END with ENCOURAGEMENT



OVERVIEW

# PROMOTING PROFESSIONAL ACCOUNTABILITY (PPA) PROGRAMME

An evidence based framework that builds a high performance culture of safety and reliability, and addresses individual behaviours that may undermine it.

Overview	<p>The Promoting Professional Accountability (PPA) Programme provides healthcare organisations with a sustainable, organisation-wide framework and training to achieve the highest levels of safety and reliability.</p> <p>The programme builds on the professionalism and commitment of the overwhelming majority of staff, while ensuring the actions of any individual can undermine a culture of safety and reliability.</p> <p>Multi-site analysis of the programme in hospitals across the United States has shown success measures including improved prescribing and clinical decision making practice<sup>1</sup>, a reduction in medico legal claims and expenses<sup>2</sup>, and hand washing compliance rates greater than 95 per cent.<sup>3</sup></p> <p>The PPA Programme is suited for any healthcare organisation focused on achieving the highest possible quality and safety levels, whether already an exemplar or one committed to significant improvements.</p> <p>The programme can be implemented in a single unit through to the entire organisation.</p>
Premise	<p>The ability of a healthcare organisation to effectively respond to demands for higher quality, safer and more efficient patient care is reliant on the professionalism of its clinicians. Healthcare organisations and clinical leaders play a critical role in supporting the delivery of safer and more reliable care through system improvement and by addressing individual behaviours that can undermine a safety culture.</p> <p>The PPA Programme framework enables organisations to identify and respectfully engage staff in a non-punitive manner over reported unsafe and professional behaviours, relying on their internal commitment to align with a culture of safety and excellence. Research shows 80% of staff engaged in this way will not have a repeated incident.</p> <p>The PPA Programme is evidence based and has been developed by clinicians with extensive experience in leading and sustaining organisational cultures of safety and accountability. It is centred on the recognition of the individual drive and peer expectation of clinicians towards excellence in theoretical knowledge, technical skill and attitudes and behaviours.</p>

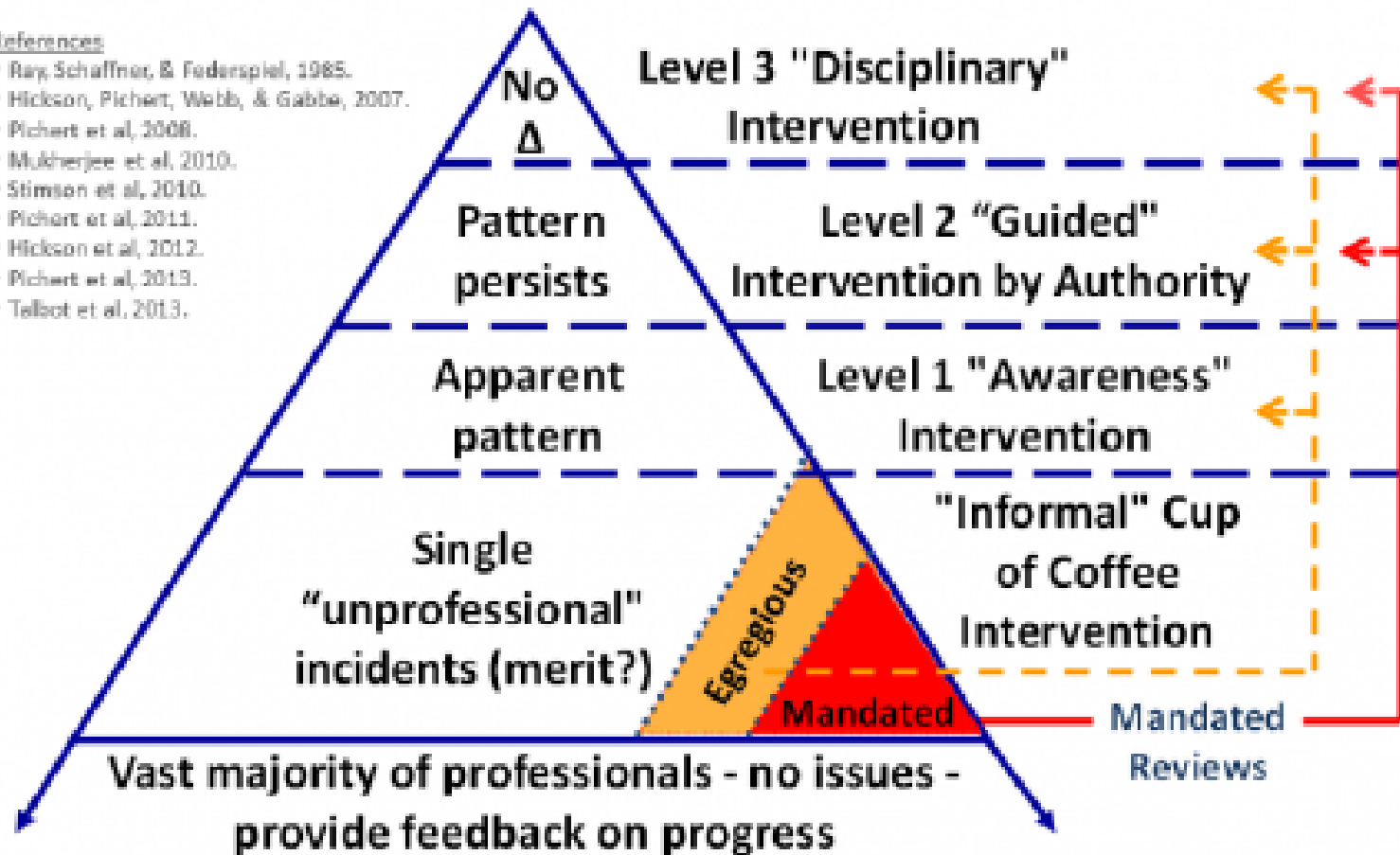
<b>Framework</b>	<p>The PPA Programme provides a framework for defining critical safety and professionalism standards, and identifying, measuring and addressing behaviours that undermine them.</p> <p>Research and experience has identified that unprofessional behaviour regularly goes unaddressed by colleagues and leaders as it can be difficult to define, is often open to interpretation and is frequently challenged when it is called. The PPA Programme helps organisations quantify unprofessional behaviour and contextualise it in terms of 'unsafe care', providing leaders and organisations with the confidence and mechanisms to address it.</p> <p>This evidence based framework supports organisations to achieve safety and reliability goals through six integrated phases:</p> <ol style="list-style-type: none"> <li>1. Establishing board and executive leadership commitment to the programme's principles to deliver desired levels of safety and reliability</li> <li>2. Organisational commitment to clearly identify and define safety and professionalism standards to which every individual is accountable to</li> <li>3. Leadership alignment and training</li> <li>4. Establishment of a messaging system that uses data and other reporting sources to provide immediate de-identified feedback to staff where potential unsafe or unprofessional behaviour has been observed</li> <li>5. Identifying and engaging individuals with apparent patterns of reported unsafe and unprofessional behaviour</li> <li>6. Integrating a process of escalation with the organization's existing human resources policies and procedures.</li> </ol>
<b>Addressing unsafe and unprofessional behavior</b>	<p>Failing to address unprofessional behaviour can promote more of it.</p> <p>In addition to being the right thing to do, addressing unprofessional behaviour can deliver:</p> <ul style="list-style-type: none"> <li>• Improved staff satisfaction and retention</li> <li>• Enhanced organisational reputation</li> <li>• Professionals who model the curriculum as taught</li> <li>• Improved patient safety and risk management experience</li> <li>• Better, more productive work environments.</li> </ul> <p>At the heart of the PPA Programme is respect for staff and recognition that most observed incidents of unprofessional behaviour are uncharacteristic and are unlikely to recur, particularly if brought to their attention. As a result, these incidents do not require investigation, unless serious or covered by mandated reporting.</p> <p>Through ongoing data collection and monitoring, the programme identifies any individual who attracts repeated reports of unprofessional behaviour that threaten to undermine a culture of safety, and progressively escalates engagement, integrating with the organisation's human resources practices.</p> <p>The PPA Programme framework for addressing disruptive behaviour focuses on four graduated interventions:</p> <ol style="list-style-type: none"> <li>1. Informal conversations for single incidents</li> <li>2. Non-punitive 'awareness' interventions when data reveal patterns</li> <li>3. Leader-developed action plans if patterns persist</li> <li>4. Disciplinary processes if the plans fail.</li> </ol> <p>The framework has been designed to complement existing managerial and human resources systems and procedures.</p>

# Vanderbilt Center for Patient and Professional Advocacy (/cppa/)

HOME ( <a href="https://ww2.mc.vanderbilt.edu/cppa/">https://ww2.mc.vanderbilt.edu/cppa/</a> )	PARS® ( <a href="https://ww2.mc.vanderbilt.edu/cppa/45370">https://ww2.mc.vanderbilt.edu/cppa/45370</a> )	(ht
---	--	-----

## References

- Ray, Schaffner, & Federspiel, 1985.
- Hickson, Pichert, Webb, & Gabbe, 2007.
- Pichert et al, 2008.
- Mukherjee et al, 2010.
- Stimson et al, 2010.
- Pichert et al, 2011.
- Hickson et al, 2012.
- Pichert et al, 2013.
- Talbot et al, 2013.



Adapted from Hickson, Pichert, Webb, & Gabbe. Acad Med. 2007. ©2013 Vanderbilt Center for Patient and Professional Advocacy



- The Professionalism Pyramid is built on a structure of escalated communication as patterns of unprofessional behavior develop but is based in the concept that the vast majority of professionals conduct themselves in exemplary ways.
- All health professionals and administrators are subject to lapses and may engage in what appear to represent single “acts” of unprofessional conduct.
- Individuals who exhibit recurrent patterns of unprofessional conduct genuinely represent an anomaly, and therefore need to have their behavior addressed.
- When a pattern of unprofessional conduct appears to exist, individuals need varying levels of intervention.
- Dotted lines separate various levels of intervention. They are not solid, to reflect the importance of professional judgment and differences among organizations in deciding when to use each level.
- CPPA research reveals that for those who exhibit patterns of unprofessional conduct, most respond to an awareness intervention.
- Unfortunately, some individuals will not or cannot respond at the Awareness level and need a more directive approach higher in the pyramid.
- The conversations establish a structure of escalated communication, and everyone needs a supported plan for responding to reactions to conversations.

**Participation in the CPPA PARS® process includes extensive education regarding the use of the tiered interventions shown in the Professional Pyramid.**

**G**OODMAN RESEARCH GROUP, INC.  
Program Evaluation • Consultation • Market Research

## ***Schwartz Center Rounds***<sup>®</sup> **Evaluation Report**

### *Executive Summary*

#### **PREPARED BY**

Colleen F. Manning, M.A.  
Michelle Acker, Psy D.  
Laura Houseman  
Emilee Pressman  
Irene F. Goodman, Ed.D.

#### **SUBMITTED TO**

The Kenneth B. Schwartz Center  
Boston, MA

February 2008

- Interdisciplinary forum where attendees discuss psychosocial and emotional aspects of patient care, sense of teamwork, stress and personal support.
- Psychosocial demands of Healthcare.
- Psychological safety.

# Morbidity and mortality meetings



Implementing  
**Human factors**  
in healthcare  
*'Taking further steps'*

**chfg**

**clinical human factors group**

working with clinical professionals and managers to make healthcare safer

- Humans are unpredictable and unreliable and their ability to process information is limited due to the capacity of our (working) memory.
- The study of all the factors that make it easier to do the work in the right way.
- The failures of people are the underlying cause of adverse events or broken healthcare delivery processes.

# Key Elements of a Safety Culture

- Open culture
- Just culture
- Reporting culture
- Learning culture
- Informed culture

Team



If you see something, say something.

# COMPACT

## SESLHD District Executive Team (DET)



### Who we are?

- We are the leadership team of a large, complex adaptive health system
- We ensure that safe, compassionate and quality care is provided within our health services
- We plan and adapt for the future
- We are responsible for the health of our community and in particular those groups who are disadvantaged
- We represent the interests of our staff, our patients and our community
- We appropriately balance quality with cost on a daily basis

### Our Guiding Principles

- Our decisions and behaviours will link to our vision and strategic objectives
- We will have the moral courage to make hard decisions and have difficult conversations
- We will focus on what's achievable and finish what we start rather than seeking perfection every time
- Our decisions will be informed by data, evidence & best practice
- In all our activities and at all times, we will seek opportunities to work in partnership with our patients, community and partners
- We will ask "what does this mean for our clients and patients?" – making sure the person is at the centre of every single decision

### Our deal as a team



#### What we can expect

- To be respectfully challenged and supported
- To learn from each other
- To role model effective teamwork
- To not let structures and silos dictate how we will work together
- To be individually accountable and collectively responsible

#### What we will bring

- We will be clear about what we are going to deliver, who has responsibility and when it will be finished
- We will communicate when there is a risk to an agreed timeframe and we will work together to mitigate that risk
- We will be accountable for our own personal growth and the growth and development of others
- We will celebrate one another's successes and spread excellence

### How will we hold ourselves accountable?

- We will conduct regular Pulse checks on our performance and cohesiveness as a team and we will review the results as a group
- We will assign regular time for evaluating our behaviours against the Compact
- We will spend time developing our leadership skills
- We will commission a strong and tightly governed commissioning model

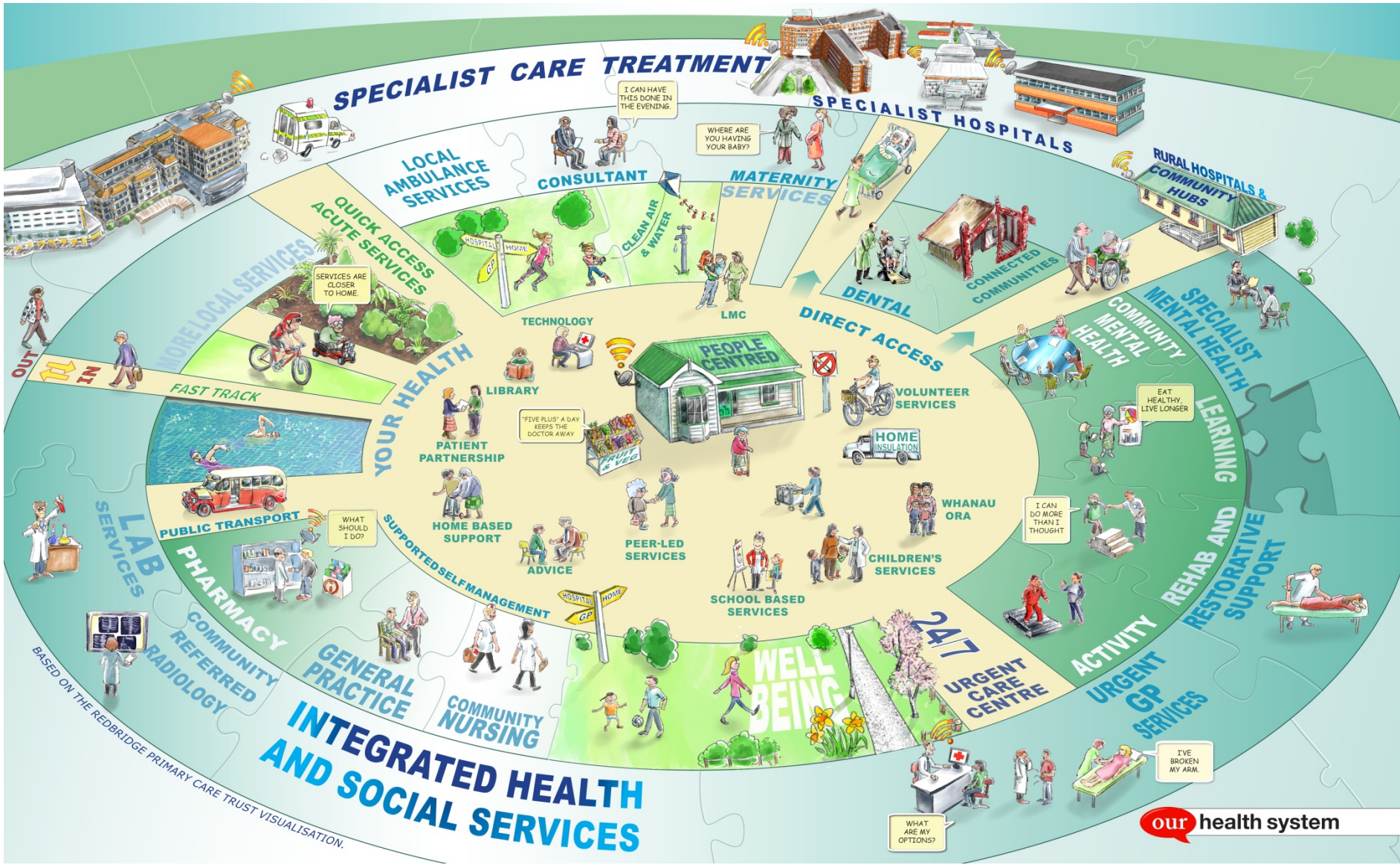
# Developing accountable care systems

Lessons from Canterbury,  
New Zealand

Anna Charles

August 2017





**SPECIALIST CARE TREATMENT**

**SPECIALIST HOSPITALS**

**RURAL HOSPITALS & COMMUNITY HUBS**

**LOCAL AMBULANCE SERVICES**

**CONSULTANT MATERNITY SERVICES**

**MATERNITY SERVICES**

**DENTAL**

**SPECIALIST MENTAL HEALTH**

**QUICK ACCESS ACUTE SERVICES**

**TECHNOLOGY**

**LIBRARY**

**FAST TRACK**

**YOUR HEALTH**

**PATIENT PARTNERSHIP**

**PEOPLE CENTRED**

**DIRECT ACCESS**

**VOLUNTEER SERVICES**

**COMMUNITY HEALTH**

**IN**

**PUBLIC TRANSPORT**

**HOME BASED SUPPORT**

**ADVICE**

**PEER-LED SERVICES**

**SCHOOL BASED SERVICES**

**CHILDREN'S SERVICES**

**WHANAU ORA**

**PHARMACY**

**SUPPORTED SELF-MANAGEMENT**

**COMMUNITY NURSING**

**WELL BEING**

**24/7 URGENT CARE CENTRE**

**ACTIVITY URGENT GP SERVICES**

**REHAB AND RESTORATIVE SUPPORT**

**LAB SERVICES**

**COMMUNITY REFERRED RADIOLOGY**

**GENERAL PRACTICE**

**INTEGRATED HEALTH AND SOCIAL SERVICES**

BASED ON THE REDBRIDGE PRIMARY CARE TRUST VISUALISATION.

**our health system**

# Our people have been clear about what will make the biggest difference



Acknowledge I'm under more pressure than ever before as I do my best for patients and the system



Lead and manage me consistently, and give me every opportunity to impact decisions



Continue to ensure that decision making puts people [including me] at the centre



Technology needs to help me do my job well, not stand in my way



Give me more flexibility at work, and simplify our bureaucratic processes that waste my time



Clearly communicate not only the big picture but the things that are relevant to me

# ... and 3 key behaviours about how we work together and support one another



## Doing the Right Thing

The standards of behaviour and performance that we expect from our people. It reflects our organisational values, what we care most about and the way we do things around here.



## Being and Staying Well

To deliver the very best care, our people need to be and stay well. It's about our commitment to a positive and healthy working environment in which all our people can thrive.



## Valuing Everyone

We need to continue working in new and innovative ways. It's about supporting and growing a culture of perspectives, experience and skills that is diverse, inclusive and reflective of our organisational vision and values.

# We're growing leadership capability by better equipping our 600 line managers...

- **Investing in capability development for all of our line managers**
  - Management essentials
  - Leadership essentials
  - Xcelr8 refresh
  - Online information
  - Resources and tools, supported by content on *HealthLearn* and regular 'People Academy' sessions
  - Specific development provided internally or by external providers.

# Occupational Health Services





# Health and Safety Systems





Health  
South Eastern Sydney  
Local Health District



# South Eastern Sydney Local Health District

Journey to Excellence  
Strategy 2018 – 2021

"Exceptional care, healthier lives"



# Conclusions

- Bullying and Harassment is a serious, pervasive and under reported challenge for health systems internationally.
- It is directly related to adverse events for patients and for Health and wellbeing of staff.
- Organisational leaders have a pivotal role to play in establishing a just organisational culture which creates psychologically safe environments.

- High performing healthcare systems have organisational leaders who:
  - Directly acknowledge and highlight the incidence of bullying and harassment in their organisations.
  - Use evidence based interventions for directly tackling bullying and harassment.
  - Create an organisational culture which values a shared vision of the future combined with a range of developmental interventions such as human factors sciences, leadership development and QI methodology