

Better
Health
Briefing

14

**Experiences of
bullying and
racial
harassment
among
minority
ethnic staff in
the NHS**

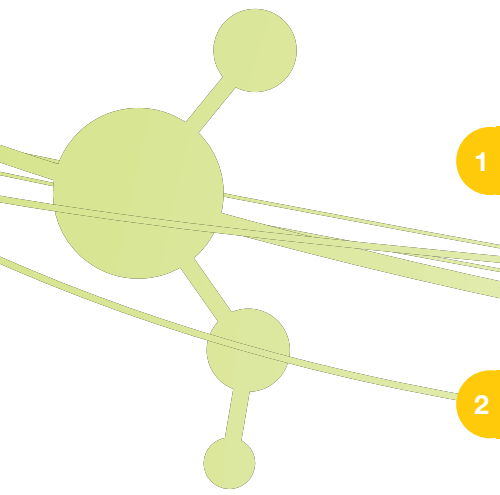
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A Race Equality Foundation
Briefing Paper

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Key messages

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- 1 Disproportionate experiences of bullying and harassment have been reported by minority ethnic staff in the NHS. For example, the 2008 NHS Staff Survey found that 10 per cent of minority ethnic staff, compared to 7 per cent of white staff, reported experiences of bullying and harassment from a manager or team leader. Similar rates of increased bullying and harassment have been reported by nurses and junior doctors from minority ethnic groups
 - 2 Given their subtle nature, most events of bullying and harassment are not directly reported to employers. There are ethnic differences in reporting, and studies have shown that whereas 67 per cent of white nurses' employers are aware of bullying and harassment problems, only 51 per cent of minority ethnic nurses' employers know of these incidents ([Healthcare Commission, 2009](#))
 - 3 Experiences of bullying and harassment are associated with poor organisational and health outcomes, including higher levels of job-induced stress, higher sickness absenteeism, lower productivity, and intention to leave the job
 - 4 Support has been found to alleviate the detrimental impact of bullying and harassment on organisational and health outcomes. However, only a minority of victims report receiving support
 - 5 Initiatives exist to tackle bullying and harassment in the NHS, but efforts to target racist bullying and harassment need to be embedded in these.

Introduction

The National Health Service (NHS) is the largest employer of minority ethnic people in the UK; they constitute around 16 per cent of its total workforce. However, despite 30 per cent of nurses and doctors in the NHS belonging to a minority ethnic group, fewer than 10 per cent of senior managers and only 1 per cent of chief executives are from a minority ethnic background ([Healthcare Commission, 2009](#)). Given these figures, it is not surprising that there is evidence to suggest that racial discrimination exists within the NHS. For example, minority ethnic doctors are less likely to be promoted to consultant grade and more likely to be sidelined into unpopular specialties and inner-city general practice ([Oikelome, 2007](#)). However, the extent of racial discrimination in the NHS is not restricted to events of career advancement. Studies have also shown that disproportionate bullying and harassment are experienced by minority ethnic NHS staff ([Santry, 2008](#)). Evidence of racism and discrimination against patients in the NHS has likewise been demonstrated, although this is a large area of research that will not be covered in the present briefing paper.

Disproportionate experiences of bullying and harassment

It has been suggested that bullying, defined as ‘a persistent behaviour against an individual that is intimidating, degrading, offensive or malicious and undermines the confidence and self-esteem of the recipient’, and harassment, characterised as ‘unwanted behaviour that may be related to age, sex, race, disability, religion, sexuality or any personal characteristic of the individual’ (CIPD, 2004), are pervasive and severe problems in the NHS (BMA, 2006). Some examples of bullying and harassment include:

- ¥ Bullying by exclusion - this may take the form of social isolation and/or exclusion from meetings.
- ¥ Deliberate withholding of information with the intention of affecting a colleague’s performance.
- ¥ Unfair and destructive criticism.
- ¥ Intimidating behaviour.
- ¥ Verbal abuse and spreading of unfounded rumours.
- ¥ Humiliation or ridicule.
- ¥ Setting of unrealistic targets which are unreasonable and/or changed with limited notice or consultation.
- ¥ Copying memos that are critical about someone to others that do not need to know.

(NHS, 2006, p. 4)

In addition to these examples, minority ethnic employees also report experiencing verbal abuse, being ignored, racist literature, name calling or mimicking, lack of access to training, arbitrary policies and unfair or excessive monitoring (Giga *et al.*, 2008).

Disproportionate experiences of bullying and harassment are reported by minority ethnic staff in the NHS. A review conducted by the South East Coast BME Network reported that, although minority ethnic NHS staff represent approximately 16 per cent of its total workforce, they were involved in more than half the bullying and harassment cases in the region’s mental health trusts (Santry, 2008). The 2008 NHS Staff Survey reports that 23 per cent of all staff had experienced bullying, harassment and abuse from patients or their relatives in the past year, and 18 per cent had done so from either a line manager or other colleagues (Healthcare Commission, 2009). When looking at the experiences of minority ethnic staff, the percentage reporting bullying or harassment is greater, as shown in Figure 1, especially in terms of bullying and harassment from other members of the NHS. Examining individual minority ethnic groups shows that Black African staff report increased bullying from patients (23 per cent), followed by staff of mixed ethnic background (20 per cent). A greater percentage of Bangladeshi staff report experiencing bullying and harassment from colleagues (19 per cent).

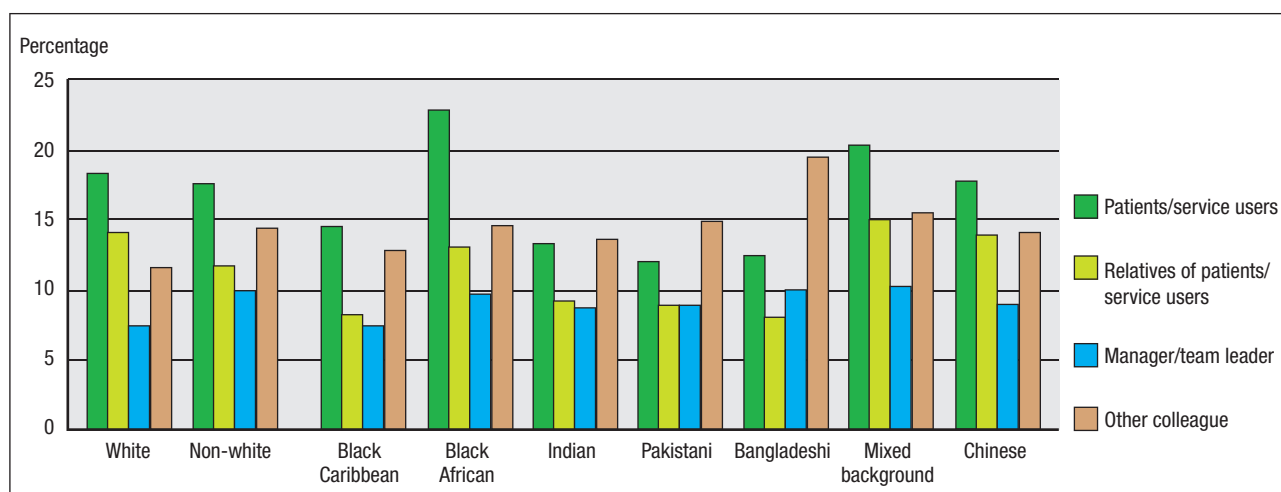


Figure 1 Experiences of harassment, bullying or abuse by ethnic group (National NHS Survey 2008, Healthcare Commission, 2009)

These are not uncommon findings. A study focusing on junior doctors found that minority ethnic doctors are significantly more likely than their white counterparts to report being bullied (45 per cent compared to 34 per cent; Quine, 1999), and a study by the King's Fund reported that bullying and discrimination are a daily fact of life for black and Asian doctors (Coker, 2001).

Bullying and harassment have also been identified as a problem in the nursing profession, with increased rates of bullying reported by minority ethnic staff (Beishon *et al.*, 1995; Shields and Wheatley Price, 2000; Giga *et al.*, 2008). A study from the Royal College of Nursing (RCN), of 6000 members selected from the RCN membership records, reported that 45 per cent of African Caribbean nurses had been bullied or harassed by a member of staff in the previous year. The percentage for white British nurses was 21 per cent (RCN, 2005). That study also found that internationally recruited nurses reported a higher percentage of bullying and harassment than UK-qualified nurses (36 per cent compared to 22 per cent) and that the majority of minority ethnic nurses thought that the bullying and harassment were racially influenced or connected to their nationality (RCN, 2005).

2 Under-reporting of bullying and harassment

Despite their documented prevalence in several studies, events of bullying and harassment are not always directly reported to employers. A recent study by the Healthcare Commission, now the Care Quality Commission, found that less than two-thirds (64 per cent) of NHS staff who had been bullied or harassed by another member of staff had told their employer. Ethnic differences have also been found in reporting rates: whereas 67 per cent of white nurses' employers were aware of bullying and harassment problems, only 51 per cent of minority ethnic nurses' employers knew about the incidents (Healthcare Commission, 2009). Similar findings have been reported by other studies, which have found internationally recruited doctors to be less likely than local doctors to take action when bullied (Hoosen and Callaghan, 2004).

One of the problems in tackling workplace bullying and harassment is that they are often difficult to recognise (BMA, 2006), leading to low reporting rates. Other factors contributing to under-reporting include fear of not being believed, having complaints ignored, fear of being blamed for initiating bullying and fear of retaliation by the bully after the complaint has been lodged (Beech and Leather, 2006).

3 Bullying and harassment: poor organisational and health outcomes

It has been suggested that being bullied or harassed is a key reason for demotivation and reduced morale among the medical workforce (BMA, 2006). This might explain why qualitative studies have found that overseas minority ethnic nurses working in the NHS report not feeling appreciated and feeling inadequate, as well as reporting lack of trust and unwelcome feelings (Alexis and Vydellingum, 2005). In addition to low organisational satisfaction, experiencing bullying has been associated with poor mental health, higher levels of job-induced stress, higher sickness absenteeism, lower productivity, and intention to leave the job (Quine, 1999; Hoel and Cooper, 2000; Kivimaki *et al.*, 2000; Shields and Wheatley Price, 2000; Quine, 2001; Giga *et al.*, 2008). Negative effects of bullying have been found not only for those who experience it directly, but also for those who witness bullying taking place (Hoel and Cooper, 2000).

In addition to bullying-specific outcomes, minority ethnic people who experience ethnicity-related bullying and harassment also suffer from the detrimental impact of racism on health, which has been associated with higher

levels of stress, anxiety, onset of psychotic symptoms and hypertension, among other health outcomes (see [Karlsen, 2007](#)).

Providing support to protect people from the damaging effects of bullying

4

Factors such as self-esteem and lack of social anxiety have been shown to moderate the relationship between bullying and poor health ([Einarsen *et al.*, 1996](#)). In addition, social support, such as a supportive work environment with adequate attention to staff support structures, may provide a buffer against the stress produced by the experience of bullying and harassment ([Quine, 1999](#)). However, it has been found that only a minority of staff who experience bullying and harassment are offered counselling following an incident ([NAO, 2003](#)).

Black and minority ethnic (BME) networks can be a source of support for victims of workplace bullying and racial harassment. Benefits of participation in BME staff networks include, among other factors, support for personal development of minority ethnic staff; the sharing of experiences and discussion of ways to overcome any actual or potential barriers to career progress; and increased staff satisfaction and motivation ([DH, 2001](#)), all of which are relevant to creating a supportive and nurturing environment. In addition, BME staff networks can play a key part in helping to tackle racial harassment and discrimination in the NHS by providing a safe and secure environment for BME staff, where they can meet collectively, raise concerns and be listened to sympathetically ([DH, 2001](#)).

Tackling bullying and harassment

5

The NHS, like other public bodies, has legal responsibilities under the Race Relations (Amendment) Act 2000 (RR(A)A) to promote race equality. This duty covers all aspects of an organisation's activities and includes the need to eliminate unlawful racial discrimination, to promote equality of opportunity and to promote good relations between persons of different racial groups. In addition, the NHS has the specific duty to set out information on a number of actions that will help deliver non-discriminatory services to local people, and to collect and publish a specific set of information guidelines ([DH, 2009](#)). Despite these statutory requirements, a study by the Care Quality Commission found that only 35 per cent of NHS trusts surveyed were meeting their obligation under the race relations legislation ([Healthcare Commission, 2009](#)).

In addition to following race equality legislation, raising awareness is a crucial way to tackle the issues of bullying and harassment in the medical workplace. The British Medical Association has published a list of suggested ways to tackle bullying and harassment, including:

- implementing a zero tolerance approach to bullying and harassment;
- formulating a policy statement on bullying and publicising it (see Resources section for model policy from NHS Employers);
- providing assertiveness and management training;
- providing regular individual performance reviews;
- providing an approachable open door policy for complaints; witnesses and other third parties who are aware of the bullying and harassment should also feel empowered to challenge the situation or report it to an appropriate manager or colleague;
- providing support and advice for victims;
- increasing staff awareness of how groups work and how to identify bullying tactics.

(Adapted from [BMA, 2006, p. 20](#))

The NHS established *The National Plan for Action to Tackle Racial Harassment* in 1999, which set out to tackle racial harassment within the NHS (DH, 1999). In addition, the NHS has implemented other policy initiatives in order to tackle racial harassment and create a diverse workforce. Such initiatives include the Positively Diverse programme, which was originally developed to help organisations manage equality and diversity and set the standards that were expected of all NHS employers in tackling racial harassment. The NHS Plan also introduced the Improving Working Lives Standard, which specifies that all NHS staff are entitled to work in an organisation that can prove that it is investing in improving diversity and tackling discrimination and harassment (DH, 2001).

Some NHS trusts have followed these guidelines to set up initiatives designed to tackle bullying and harassment. For example, the Barnsley Hospital NHS Foundation Trust appointed ten Harassment Support Workers to provide empathetic assistance to employees with complaints of harassment and bullying, explain the procedures for making complaints and support both harassers and complainants through the process. Other trusts have set initiatives aimed at encouraging people to report experiences of bullying and harassment, such as the peer support process implemented by the Redbridge Primary Care Trust. Through the Dignity at Work (DAW) Advocates programme, voluntary advocates are trained in rapport building, listening, empathy, questioning and creative conflict resolution in order to encourage people in the trust to come forward if they feel they have been bullied.

Although these initiatives aim to tackle bullying and harassment in the NHS, they do not specifically target racial harassment or provide specific support to minority ethnic staff. Other programmes, external to the NHS, provide support for people who have experienced racial attacks. For example, the Newham Monitoring Project (NMP), an independent community-based anti-racist organisation based in the east London borough of Newham, provides advice, support, advocacy and access to specialist legal assistance for individuals and families who have experienced racial harassment (www.nmp.org.uk). Other agencies providing support to minority ethnic people who have experienced racial harassment include the Bristol-based Support against Racist Incidents (SARI). SARI is a '*voluntary black-led agency run by people who have suffered racial harassment*' (www.sariweb.org.uk). It provides caseworkers to assist with coping with stress, fear and trauma; to contact other agencies and ensure that they respond appropriately and efficiently; and to provide support through formal proceedings.

Resources 1

The **Department of Health's *Tackling Racial Harassment: Good practice guidance*** can be accessed at:

www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4009459

This guidance for good practice forms part of the Positively Diverse programme, which focuses on tackling racial harassment and discrimination.

Other guidance documents, including films and workshop resources designed to tackle racial harassment, can also be found on this website.

The **Department of Health** has produced *a film*, designed to tackle bullying and harassment in the NHS. This is available at:

<http://link.brightcove.com/services/player/bcpid1640183759?bclid=1641837894&bctid=1646768535>

Conclusion

This briefing note highlights worrisome, disproportionate bullying and harassment experienced by minority ethnic staff in the NHS, often from managers and other colleagues. Minority ethnic NHS employees have also been found to be less likely to be appointed from a shortlist and more likely to be disciplined, involved in a grievance, involved in a bullying or harassment dispute or to pursue a case through an employment tribunal (Santry, 2008). Evidence of unfair treatment in the NHS has repercussions not only for organisational satisfaction and opportunities for progression among minority ethnic employees, but also in terms of the detrimental association that experiences of bullying and harassment have been found to have on the health of minority ethnic people.

The figures presented in this briefing paper have obvious implications for practice, including the importance of increasing awareness of bullying and harassment experienced by minority ethnic staff from managers and other staff. Studies have shown that although the most common form of bullying and racial harassment that minority ethnic staff receive from colleagues is verbal abuse, the second most common is being ignored or excluded, either in the workplace or in social activities after work (Lemos and Crane, 2001). This implies the need to raise awareness of the definition and range of behaviours that constitute bullying and racial harassment, including their more subtle forms, such as withholding information or bullying by exclusion. In addition, findings reflect the importance of increasing attention to reporting incidents of bullying and racial harassment, as well as facilitating and providing support after reports of stressful events.

Resources 2

Some bullying and harassment resources that are not specific to racial harassment include:

- An advice leaflet from the **Advisory, Conciliation and Arbitration Service (ACAS): *Guidance for Employees: Bullying and harassment at work***, which is available at: www.acas.org.uk/CHttpHandler.ashx?id=306&p=0

- Guidance on stopping bullying in the workplace, including a model policy from **NHS Employers**. See the following:

Stop Bullying: It's in your hands:
www.nhsemployers.org/SiteCollectionDocuments/Stop_bullying_its_in_your_hands_SC_010406.pdf

Stop Bullying: It's in your hands poster:
www.nhsemployers.org/SiteCollectionDocuments/Bullying_and_harassment_toilet_door_poster_SC_010406.pdf

Model Bullying and Harassment Policy:
www.nhsemployers.org/HealthyWorkplaces/BullyingAndHarassment/Pages/BullyingAndHarassment-ModelPolicy.aspx

Bullying and Harassment: Staff guidance:
www.nhsemployers.org/HealthyWorkplaces/BullyingAndHarassment/Pages/Staffguidance.aspx

- The **UK National Workplace Bullying Advice Line** is available at: www.bullyonline.org/index.htm
 This is the largest online resource for workplace bullying and related issues. However, it does not focus specifically on racial harassment and bullying.
- The **BMA's Doctors for Doctors Unit** provides one-to-one confidential counselling with a doctor. The Unit can be contacted via the BMA Counselling Service on 08459 200169, 24 hours a day, 7 days a week.

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