The business strategy for Equality and Human Rights in the NHS, Mental Health and Social Care

March 2005

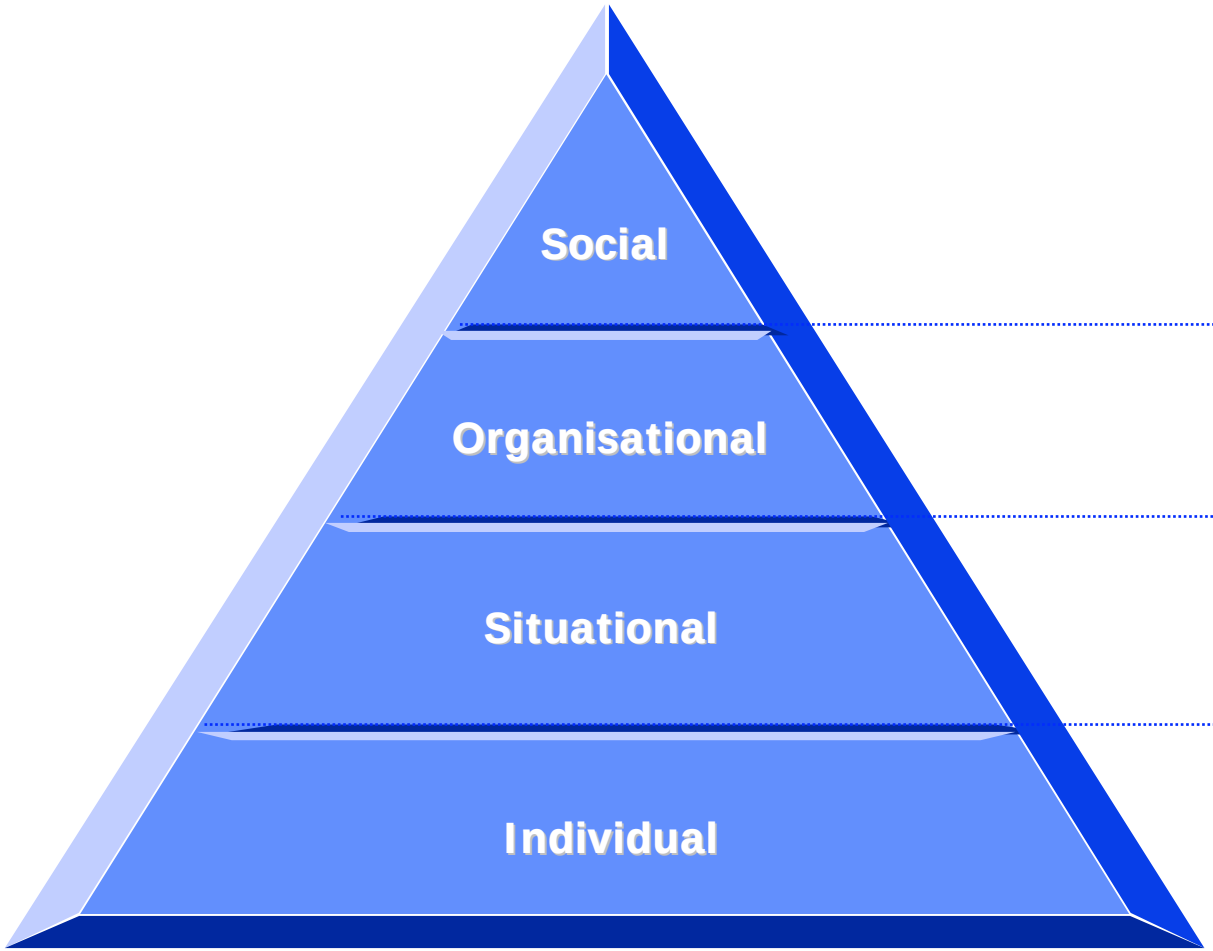
Information not relevant to this request redacted

Executive summary (1)

- **STRATEGIC FRAMEWORK** – The EHR strategy comprises:
  - One VISION – ***Inclusive services, representative workforce***
  - Three STRATEGIC IMPERATIVES – (i) ***Attract and retain the people we need*** *(ii)* ***Drive an inclusive culture*** *(iii)* ***Promote health equality***
  - Four LEVERS – (i) ***Skills and knowledge*** (ii) ***Policies and practices*** (iii) ***Data and intelligence*** (iv) ***Top-down commitment***
  - Four ENABLERS – (i) ***Stakeholder organisations*** (ii) ***Current activities*** (iii) ***Public Sector Agreements*** (iv) ***Legislation***
- ***Attracting and retaining the people we need*** depends on workforce renewal from diverse groups, recruiting from UK and international sources, encouraging more returners, driving retention and prioritising WorkLife and employment flexibility
- ***Establishing an inclusive culture*** will only be possible if the health service eradicates discrimination. Bullying and harassment alone costs the NHS a minimum of £325 million per year
- ***Driving health equality*** means working with other government departments to tackle key health determinants such as socio-economic status, living and working conditions, social and community influences, as well as individual lifestyle and risk factors

Information not relevant to this request redacted

There are a number of Social, Organisational, Situational and Individual drivers of both physical and psychological bullying and harassment in the health and social care sector



- Crime in society
- Economic change
- Social change

- Leadership
- Cultural acceptance
- Lack of awareness or understanding

- Where one works
- Who one works with
- Job security
- Nature of role

- Socio-demographic variables
- Personality traits and behaviours
- The individual's relationship with the workplace

(Source: PTI, 2003)

Social factors are contributing to the rise in bullying and harassment

SOCIAL FACTORS – WORKPLACE VIOLENCE

- **CRIME** – In geographies with high murder rates and a prevalence of other forms of violence, there is more workplace bullying and harassment (*DiMartino, 2000*)

- **ECONOMIC CHANGE –** To maintain operational and service delivery efficiency, organisations are constantly striving to downsize and restructure their organisations. This gives a greater propensity for violence in the workplace (*Sheehan, 1999*)

- **RAPID SOCIAL CHANGE –** Social deprivation, migration and social mobility can lead to increased work-related violence

- **IMMIGRATION AND THE RISE OF INFORMAL ECONOMIES–** Immigration into the EU (particularly illegal immigration) gives rise to informal economies, in turn leading to poor working conditions, high levels of accidents and unreported violent incidents in the workplace (*De Noticias, 2002*).

There are some clear organisational drivers of PHYSICAL violence….

ORGANISATIONAL FACTORS - PHYSICAL VIOLENCE

- **POOR WORK ORGANISATION** – Where workload is excessive or unevenly distributed, violence from colleagues or customers can ensue
- **CHANGE –** Economic uncertainty, downsizing, promotion competition can lead to aggression in the workplace
- **STRESS –** Stress acts as a driver of violence, and vice-versa. Perceived unfair treatment, workforce diversity or workplace surveillance can drive stress-related violence
- **PHYSICAL WORK ENVIRONMENT –** Excessively noisy, hot/cold or cramped conditions lead to increased poor attitudes and feelings of hostility (*Anderson, 1996*)

(Source: Hoel & Cooper, 2003)

...as well as of PSYCHOLOGICAL bullying and harassment

ORGANISATIONAL FACTORS - PSYCHOLOGICAL VIOLENCE

- **LEADERSHIP** – Extreme authoritarian or laissez-faire management styles have been directly linked with increased psychological bullying (O'Moore 2000, Vartia,1996)
- **CHANGE –** Organisational restructuring has proved to be a risk factor of bullying. Autocratic practices to enforce change give rise to bullying
- **TEAM WORKING –** Whilst teamworking can benefit organisations, **enforced** teamworking can provide a fertile ground for conflict development and aggressive competition for limited rewards
- **CULTURE–** Organisational climate can play a huge part in the development of a culture that either tolerates or rejects bullying

Some work SITUATIONS are particularly associated with an enhanced risk of violence...and the NHS has many of these organisational characteristics

SITUATIONAL FACTORS - PHYSICAL VIOLENCE	SITUATIONAL FACTORS – PSYCHOLOGICAL VIOLENCE
• Working alone or working at night • Working in contact with the public • Working with valuables and cash • Working with people in distress • Job insecurity • Perceptions of injustice	• Working in jobs with an unequal sex ratio • Power differential (e.g. status and experience) • Job insecurity • A change of supervisor or manager • Organisations with a high customer service orientation

(Source: Chappell and Di Martino, 2000)

There are a number of INDIVIDUAL traits contributing to workplace violence (1)

INDIVIDUAL FACTORS - PHYSICAL VIOLENCE	
The Harasser	**The Harassed**
• Young • Male • A history of violent behaviour or a troubled childhood • Suffering from mental illness • Negative affectivity • Low self-monitoring behaviour • Holds pro-aggression values	• Young • Wears a uniform • Distinct personal appearance and behaviour • Distinct personality traits • Low levels of training and experience

(Source: Hoel & Cooper, 2003)

There are a number of INDIVIDUAL traits contributing to workplace violence (2)

INDIVIDUAL FACTORS - PSYCHOLOGICAL VIOLENCE	
The Harasser	**The Harassed**
• Male • A colleague or supervisor • Interprets friendly acts in a sexual manner • High levels of aggressiveness and impulsiveness • Envious or jealous • Lack of self-awareness concerning impact of own behaviour	• Female • 20-40 years old • Single or divorced • Low level of education • Long tenure in current job • Low self-esteem • High anxiety levels • Can be introverted, conscientious, neurotic, submissive

(Source: Hoel & Cooper, 2003)

There are several ways in which organisational culture plays a decisive role in bullying

- **SOCIALISATION** – In a recent study of harassment in the UK Fire Brigade, it was proven that new recruits adapt to behaviour 'norms' early, adopting whatever behaviours necessary to fit in and leaving little room for Diversity. This can perpetuate a bullying culture *(Archer, 1999)*

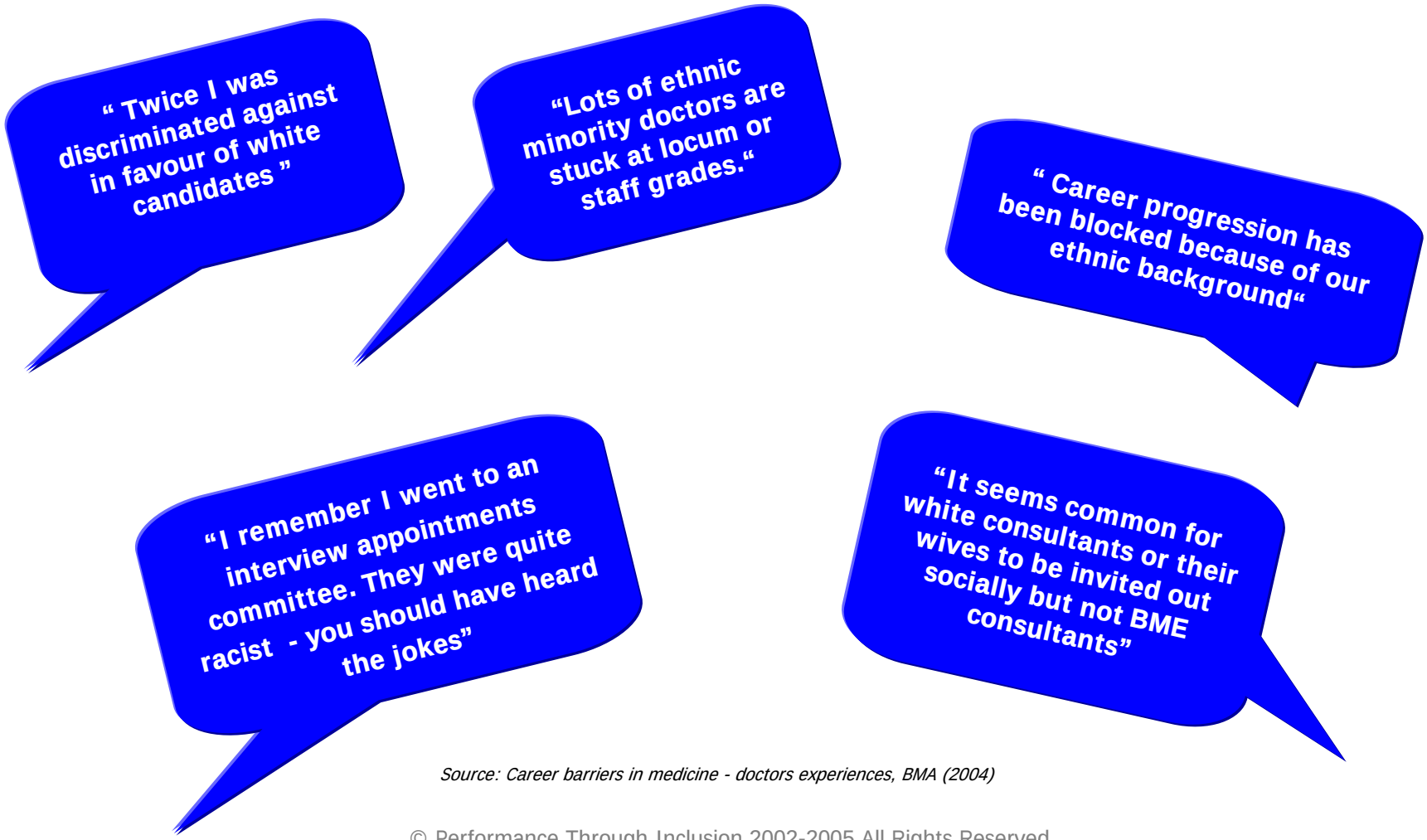
- **AN UNEQUAL CULTURE –** A recent Dutch private sector study found that business units with a positive approach to gender equality reported markedly less incidents of harassment. Organisations tolerant of 'socio-sexual' behaviour experienced more instances of sexual harassment *(Timmerman and Bajema, 2000)*

- **TOLERANT LEADERSHIP –** Bullying is more prevalent in organisations where perpetrators feel they have the support or implicit blessing of management/leadership. This is confirmed by a UNISON study in the UK, in which 90% of respondents identified "bullies can get away with it" as a main cause of bullying

- **A NEGATIVE ENVIRONMENT** – When comparing victims of bullying with a control group of non-victimised individuals *(Zapf, 1999)*, victims assessed all features of their working environments more negatively than the non-victims

- **ROLE CONFLICT AND AMBIGUITY –** Employees perceiving contradictory expectations, demands and values in their job are more likely to be victims of workplace bullying. Bullying thrives where employees perceive either their job situation or work goals to be ambiguous *(Vartia, 1996)*

A recent BMA study discovered that racism still exists for ethnic minority and overseas doctors

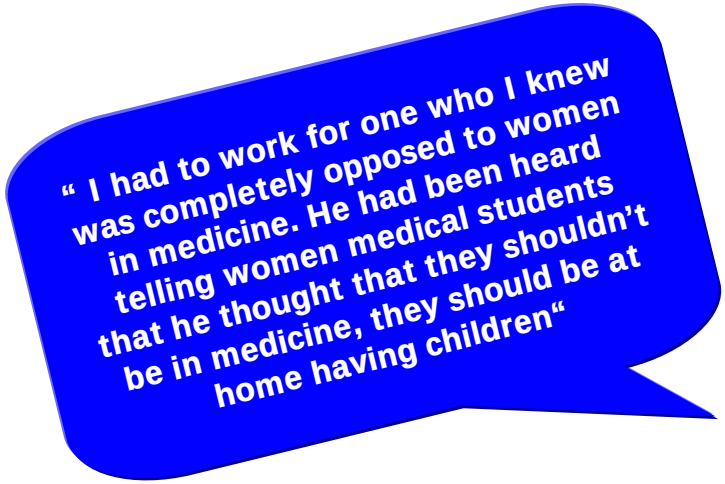


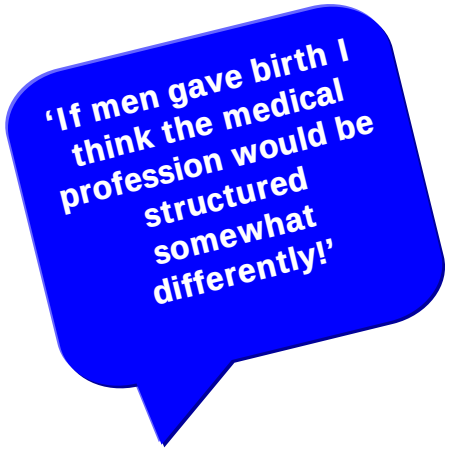
Source: Career barriers in medicine - doctors experiences, BMA (2004)

Doctors with disabilities are made to feel isolated, stigmatised and excluded

Source: Career barriers in medicine - doctors experiences, BMA (2004)

Gender discrimination and sexism are still prevalent in the medical profession





Source: Career barriers in medicine - doctors experiences, BMA (2004)

LGBT colleagues are also subject to discrimination

"My senior partner in the practice was very homophobic. Made jokes about homosexuals in front of me, and made disparaging comments about gay patients"

"If I look at my friends that are gay doctors, they don't have the freedom to be open about their sexuality in the same way, partially because their perception of the risk of being open about their sexuality is so great that they perceive it as going to stop their career progression or they are going to experience discrimination in the workplace"

" And certainly when I moved here it wasn't recognised that I had a [gay] partner and that had to be taken into consideration as I was offered single accommodation "

"If somebody makes a derogatory comment like describing someone as a dyke or a poof, I won't challenge it because I don't want to draw attention to myself, but if someone makes a racial comment then I do challenge them on it"

Source: Career barriers in medicine - doctors experiences, BMA (2004)

The costs and effects of bullying in the workplace are high for both individuals and organisations

	EFFECT	COST
INDIVIDUAL	• Stress reaction • Reduced self confidence • Reduced satisfaction • Fear reactions • Post-traumatic stress • Anxiety • Depression • Isolation and loneliness • Poor quality relationships	• Loss of earnings • Human costs • Medical costs • Loss of sickness benefit
ORGANISATION	• Increased absence • Reduced job satisfaction • Fall in productivity • More complaints and grievances • Increased litigation • Negative publicity • Voluntary or involuntary transfers	• Sickness absence costs • Replacement costs • Productivity costs • Cost of litigation • Damage to employer and service user brand • Increased insurance premiums

Source: Performance Through Inclusion (2004)

More than one-third of all NHS employees have experienced bullying and/or harassment in the last year

Bullying and harassment – some facts about the NHS

- 37% of staff reported that they had been harassed, bullied or abused at work in the previous 12 months
- 47% of Ambulance Trust staff reported experiencing harassment, bullying or abuse from patients or their relatives
- 34% of staff in Mental Health Trusts reported harassment and/or bullying
- 27% in Acute and Specialist Trusts and
- 22% of staff in PCTs
- 53% of shift workers in mental health reported bullying and harassment (vs. 22% not working shifts)
- In Ambulance Trusts, harassment, bullying and abuse from patients and their relatives was reported by 72% of paramedics and 70% of ambulance technicians
- There was little difference between staff from different ethnic backgrounds in reports of harassment, bullying or abuse

Employee Opinion Survey (2003)

37% of the workforce reported bullying and harassment over 12 months*. This amounts to a significant cost to the NHS

Bullying-related SICKNESS ABSENCE costs in the NHS

- 1,282,900 employees (*EOS Sept 03*) x 37% = 474,673 victims in the NHS
- An average sickness day costs £69 per public sector employee (*CBI 2001*)
- An average victim takes an extra 7 days sick leave p.a. due to bullying (*Hoel and Cooper, 2000*)
- This means that the cost of **sickness absence** due to bullying and harassment is

474,673 x £69 x 7 days

= £229,267,059

Bullying-related REPLACEMENT costs in the NHS

- 25% of the 474,673 will leave their roles = 118,668 leavers
- However, not all will leave the service immediately, so reduce this to one-third = 39,160 leavers
- Average direct replacement costs per employee in public sector = £2,451 (*CIPD*)
- This means that the **replacement costs** associated with bullying and harassment are:

39,160 x £2,451

= £95,981,160

** Employee Opinion Survey (2003)*

pti performance through inclusion

DH Department of Health

The total cost of bullying and harassment in the NHS is immense

The unquantifiables

- On average, bullied staff have a 7% drop in productivity (*Hoel & Cooper, 2000*)
- Productivity of staff witnessing bullying can also be affected
- Multiple employment tribunals have been opened against the NHS in the last 5 years

The cost

- **Cost of sickness absence = £ 229,267,059**
- **Replacement costs = £ 95,981,160**
- **Loss in productivity = £ ??**
- **Litigation = £ ??**

Total = £325,248,219

(plus productivity losses, cost of litigation, damage to service delivery and employer brands)

Therefore, every 1% of the NHS workforce that experiences bullying and harassment costs the organisation over £8,790,400 per annum

Information not relevant to this request redacted

Key research and investigation findings (1)

- The parts of the health and social care service that have achieved change in this area *always* have a leader that is fully committed to Equality and Human Rights and they *always* position EHR as an organisational priority
- There are many committed individuals driving the agenda of Equality and Human Rights right across the health and social care sector and if their commitment can be harnessed and given greater direction they could become even more productive
- There is a perception that Equality and Human Rights activity to date has been solely focussed on issues of race and this has led to a feeling amongst some stakeholders that other issues are not taken seriously
- A lack of clarity exists around the role of the Department of Health in the Equality and Human Rights arena
- There are significant political pressures upon the department to move forward in the area of Equality and Human Rights, notably the Cabinet Office (workforce representation) and the Home Office (health inequalities)
- Access to robust data is a significant handicap to progress in this area. From employee representation to service users, data is poor and therefore the information to inform decision-making is lacking
- Discrimination is still a widespread problem right across the health sector
- There is no recommended best practice standard for Strategic Health Authorities, Trusts and social care institutions to follow in respect of bullying and harassment, therefore each has a different approach

Information not relevant to this request redacted

The DH team should own or shape the levers that will establish EHR as a core capability in the health and social care sector

Skills and Knowledge	Policies and Practices	Data and Intelligence	Top-down Commitment
• Awareness - Cultural - Gender - Disability - S/orientation ...etc • Dignity at Work • Recruitment • People development • Coaching • Mentoring • Positive action programmes • Community knowledge • Diversity practitioners	• Bullying and harassment • Maternity, paternity, adoption • Flexible working • Recruitment • Promotion and progression • Commissioning • Training	<u>Service users</u> • Access to services • Quality of care • Bullying and harassment <u>Workforce</u> • Employee satisfaction • Employee representation • Turnover, absence • Recruitment process end-to-end • Promotion • Accountability measures	• Measurable objectives for all Chief Executives, boards and all managers • Champions - Dignity at Work - WorkLife - Health equality ...etc

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