HASLAM'S VIEW



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Are you a bully?

I'M SORRY IF THE QUESTION OFFENDS YOU, BUT I SUSPECT IT IS ONE WE ALL NEED TO ASK. AFTER ALL, the chances are you will have no idea if you are a bully or not. Most bullies in medicine and healthcare are blissfully unaware of the fact. But it's a real issue.

In 2014, around 20% of a sample of calls made by doctors to the GMC's confidential helpline were about serious problems in the working relationships between doctors, and three quarters of these were linked to bullying or undermining behaviours.

Just in case you think this only happens in hospitals, a while back a survey found that one in six GPs had witnessed incidents of bullying by another GP in their practice.

In addition, 15% of GPs reported seeing a GP bullying practice staff, while 17% said they had seen bullying of a member of practice staff by another staff member at the practice.

Translated across the whole of general practice, these are big numbers. This matters. So how do we begin to understand what is going on? However valuable (or otherwise) you might find your annual appraisal, it can be an opportunity for learning some home truths.

In a post I held just a while ago, we had reached the end of my annual appraisal when my appraiser asked me if I had any questions. 'Yes', I said. 'I need to know - am I a bully?'

He looked at me with total puzzlement. 'What on earth makes you think that?' he asked. 'Nothing,' I replied immodestly, 'I think I'm fine! But that's the whole point. Most bullies would be horrified to discover they were bullies, so it is only right for everyone to ask the question.'

The trouble with becoming senior in any profession is that it's easy to forget that what you think is a flippant and relaxed witticism may be interpreted entirely differently by those around you.

Even when you are a relatively junior doctor, throwaway comments can be misinterpreted, and other members of the team can feel belittled.

'One in six GPs had witnessed incidents of bullying by another GP in their practice'

We've still come a very long way from the dark far-off days when I was at medical school. These were the years when consultants ruled their wards in the role of minor, but substantial, deities, and senior partners in general practices defined policy without deigning to consult with their junior colleagues.

I still recall patients asking their consultant a question about treatment, only to be met with the almost unbelievable words: 'Excuse me, but what's it got to do with you.'

We've come a long way. We've moved to an era of much greater patient centredness, and of shared decision making. However, we still need to ensure that teams really are teams, that the most junior members don't feel intimidated by the most senior, that anyone can raise a concern, that safety is paramount.

It's an important skill. We get used to our working environments, to our jargon, to feeling relaxed in the presence of life and death decisions. We have to. If we didn't, the level of stress would challenge us all.

Early in my career I remember a senior doctor saying to me: 'If you think hospitals or general practices are challenging places to be, go and hang around in a court of law. The lawyers all feel comfortable there. They are used to it. The rest of us feel intimidated and out of place. That's how our working environment can feel to people who aren't used to it.'

It was such an important observation. So – see ourselves as others see us. And be prepared for a shock.

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