Bullying in the NHS is more than just ‘a few bad apples’

I wonder if the famous tale of Dr Jekyll and Mr Hyde could be based on a real-life healthcare professional.

You know the type – compassionate one minute and bullying the next. They shower kindness on patients, yet humiliate those they work alongside. It doesn’t matter if you are a care assistant or a consultant, you will be familiar with this behaviour.

New research and guidance from the University of Surrey recognises that workplace bullying in healthcare is not a case of ‘a few bad apples’ and that we need system-wide change. It encourages nurses to speak up if they witness bullying or experience it themselves. But, in my experience, this can be as effective as defending yourself from a knife attack with a plate of jelly.

To whom do we speak up? Management? They are so often the perpetrators. Bullying needs to be tackled from the top down, which is recognised in the guidance. This is crucial: we need someone to take a hard line and act.

Bullying permeates the NHS at every level. Long-term systemic issues reduce the ability of staff to speak up and management turns a blind eye.

A senior nurse almost ended my career by constantly picking on me. I was so anxious and demoralised, the only way for me was out and I quit nursing for several years. The job is hard enough without someone driving a cart and horses over your self-esteem.

The rot must stop. If those in charge are serious about nurse retention or the well-being of their staff, then something radical needs to be done.

I wrote about this subject several years ago, after the suicide of a nurse who had been intimidated beyond her endurance by colleagues. Nothing in the NHS has changed; if anything the problem is worse. How many more lives will be broken?

Jane Bates is a retired nurse

READERS’ PANEL

Would standardising documentation across settings make your job easier?

I am in favour of any initiative that will support nurses to care more effectively. However, it is essential the new Nursing Care Needs Standard provides a supporting digital infrastructure and appropriate education to prevent duplication. There must also be some consideration of how it might affect staff morale and retention. Systems are only as good as the people using them, so it must be implemented, managed, and led by nurses, with the focus on patient care to prevent unnecessary bureaucracy and duplication.

Liz Charalambou is an assistant professor of nursing

Establishing a unified approach to nursing documentation in different care settings could markedly improve efficiency. Nurses, who may currently allocate a substantial portion of their day to admin, would welcome a shift that allows for more patient-focused care. However, incompatible technology and inadequate training may hinder the adoption of new standards. To mitigate these challenges, a commitment to robust training programmes and investment in compatible systems is essential.

Lincoln Gombedza is a practice educator and learning disability nurse

This new standard, with its potential for a unified service, is needed and well overdue. Nurses spend too much time doing tasks that take them away from people and patients. Documentation and record-keeping are vital in healthcare but surplus and repetitive elements take nurses away from nursing.

Having a standard system that speaks to all areas of practice will allow nurses to deliver the care and compassion they strive to but often can’t. In my current role, there is one clinical skill I need to record in three places, so three times – it’s madness. I welcome the standard.

Brian Webster is a staff nurse

When developed effectively, standardised documentation, such as the NEWS chart, aids patient safety. A standardised approach ensures all the essential information is included at each stage of the patient journey and improves communication between professionals. But would a standardised approach remove the person-centred element of documentation? Important aspects could be missed. In addition, the new standard form looks like it uses a medical model rather than adopting holistic patient care.

Natalie Elliot is a nurse and research assistant

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