



Dealing with bullying and harassment - A guide for student radiographers

Responsible person: Joel Wilkins

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Summary

The majority of radiography students experience rewarding academic and clinical placements with supportive teaching teams and clinical educators. Sadly, however, a few students experience bullying and harassment. The Society and College of Radiographers (SCoR) believes that bullying and harassment are completely unacceptable in any form.

Radiography students should be treated fairly and consistently, and with dignity and respect, wherever they study or undertake practice placements. Educational institutions and workplaces should be free from undue stress, anxiety or fear of intimidation. Bullying and harassment in the health sector is not tolerated by the SCoR.

1. Introduction

1.1 The majority of radiography students experience rewarding academic and clinical placements with supportive teaching teams and clinical educators. Sadly, however, a few students experience bullying and harassment. The Society and College of Radiographers (SCoR) believes that bullying and harassment are completely unacceptable in any form. Students experiencing bullying often do not want to "kick up a fuss, prejudice my marks or get a bad name" but students should not, under any circumstances, have these fears.

1.2 Radiography students should be treated fairly and consistently, and with dignity and respect, wherever they study or undertake practice placements. Educational institutions and workplaces should be free from undue stress, anxiety or fear of intimidation.

The reality is, however, that as a radiography student you may come into contact with unreasonable behaviour or comments that are directed at you at some stage during your training – whether you suffer yourself, or see others having problems. It could be in the academic environment, or on a clinical placement.

1.3 Bullying and harassment in the health sector is not tolerated by the Society and College of Radiographers (SCoR) and, as a trade union, the Society of Radiographers (SoR) supports members who have suffered any form of this behaviour. In the 2010 SoR Student and Graduate survey¹ we were disappointed to see that in therapeutic radiography and diagnostic imaging, dissatisfaction with clinical placements was high on the list of reasons why students do not complete a course.

1.4 The results of the NHS Staff Survey in 2009² show that, in the previous 12 months, around one in

six NHS employees (17%) had experienced bullying, harassment or abuse from either their line manager or other colleagues. When asked if they had **ever** personally experienced harassment or bullying at work by Incomes Data Services in 2007³, 56% of NHS staff said they had at one time or another been bullied or harassed by other staff.

1.5 These figures are alarming and you can see, bullying and harassment is on the increase and we must work to ensure that we challenge this type of behaviour.

1.6 We recommend this guide to help you to challenge this behaviour offer advice and information to recognise bullying and harassment when it occurs give advice on practical steps and support to protect yourself support others who may not recognise the signs or symptoms

1.7 The SCoR will raise awareness of these problems with education institutions and clinical placement providers. If people and organisations are aware of the problems, then they can take steps to eradicate them.

2. Student status on clinical placements

During clinical placements, students learn by having planned periods of observation, education, reflection and work alongside their educators. Students are supernumerary and should not be treated as extra staff members. The expectations of their work should be commensurate with their education stage and students should always be supervised appropriately.

3. Appropriate Supervision

3.1 Being on clinical placement can at times be stressful. Therefore when educators need to point out a fault this should always be carried out in a constructive manner.

3.2 There is excellent guidance on the NHS Employers' website for NHS managers and staff on what is considered constructive and destructive criticism and the differences between firm but fair management and bullying and harassment. This is also entirely relevant to clinical placement supervisory relationships.

The guidance describes constructive criticism as focusing on:

- actions and behaviour, regarding what the employee has done or not done
- facts, with specific examples of behaviour that has been inappropriate and an explanation of why it was inappropriate
- future improvement, for example, what you could do differently or what changes you could make

If you are encountering behaviour from a supervisor that is:

- aggressive, for example they are raising their voice at you
- making personal or demeaning comments about or to you
- providing negative feedback only with no suggestions on how to improve or to rectify the situation/problem

then such behaviour is considered as destructive and is widely understood that it could lead to those at the receiving end feeling bullied and harassed. To download this guidance visit:

3.3 To download this guidance visit

<http://www.nhsemployers.org/~ /media/Employers/Publications/Bullying%20an...>

4. What is bullying?

4.1. A good deal of bullying can be overlooked or excused because of a number of euphemisms which are frequently used to justify bullying behaviours, such as:

- Harassment
- Intimidation
- Aggression
- Bad attitude
- Coercive management
- Personality clash
- Poor management style

4.2. Definition of bullying

There really is no simple definition of bullying because it can take so many forms, occur in a variety of situations, cross the gender, race and age spectrum, and can involve one or a number of individuals. However, the Society of Radiographers defines bullying behaviour as:

- unwarranted humiliating offensive behaviour towards an individual or groups. Such persistently negative malicious attacks on personal or professional performance are typically unpredictable, unfair, irrational and often unseen by others.
- an abuse of power or position that can cause such anxiety that people gradually lose all belief in themselves, suffering physical ill health and mental distress as a direct result.
- the use of position or power to coerce others by fear, persecution or to oppress them by force or threat.

Bullying has been identified as a more crippling and devastating problem than all the other work-related stresses put together.

4.3. Bullying can include:

- Sadistic or aggressive behaviour over a period of time
- Humiliation or ridiculing
- Criticism in public designed to humiliate
- Persistent, unwarranted criticism in private
- Exclusion from opportunities or privileges offered to others
- Exclusion from decision-making
- Treating colleagues or students as if they were incompetent
- Changing work responsibilities or academic assignments unreasonably or without justification, and altering deadlines or work guidelines without warning
- Deliberately withholding information which will affect a colleague or student's performance
- Withholding of support in the academic or workplace environment

5. What is harassment?

5.1 Harassment can be defined as "unwanted conduct affecting the dignity of men and women in the workplace". This can include unwelcome physical, verbal or non verbal conduct, including bullying. There may be an isolated incident or repeated action. Harassment can be related to someone's appearance or caused by someone simply taking a personal dislike to a colleague. It may be related to age, sex, race, disability, religion, sexuality, nationality or any other personal characteristic of the individual.

5.2 The key is that the actions or comments are viewed as demeaning and unacceptable to the recipient. Types of harassment include destructive innuendo and sarcasm, conduct of a sexual nature, racial harassment and ageism. Harassment of individuals who have disabilities or long term illnesses may be based on lack of understanding or it may be intentional.

6. Why do people bully?

6.1 We should never generalise what makes a bully, as this is unhelpful. There are no simple explanations for why one person is bullied, or why someone bullies, but there are several factors both individual and organisational, which appear to be common in many cases.

6.2 Individual factors

- Lack of confidence
- Insecurity
- Seeing other peoples' suggestions as a challenge to their authority Irrational dislike of a colleague
- Behaviour may be rooted in childhood experiences of being bullied or always having their own way
- Organisational factors play an important part in whether or not bullying occurs in a workplace
- Bullying is more likely to happen in workplaces where there is a very competitive environment
- Poor working relationships generally
- Lack of job security
- Authoritarian management
- Organisational changes
- Uncertainty
- Excessive workloads and demands on people

6.3 There can be other wide ranging factors that will determine whether conflicts will arise or whether relationships will be harmonious:

- Formation in the workplace of 'cliques'
- Group pressure
- Stereotypes
- Personality clashes
- Gender difference
- Age difference
- Differences in religion/religious beliefs
- Preconception about others
- Misuse of authority
- Power tactics
- Manipulation
- General expectations and beliefs
- Misunderstandings
- Unreasonable beliefs and assumptions

7. What happens when someone is bullied or harassed?

7.1 Bullying and harassment undermine physical and mental health which results in poor work performance and low academic achievement in many cases.

People who are bullied lose their self confidence, self esteem and are at increased risk of suffering stress. They can experience a range of symptoms; including:

- Depression
- Self-doubt and loss of confidence
- Sleeplessness
- Loss of appetite
- Inability to relax or switch off from work and study

7.2 Work-related stress is now widely recognised as a significant problem in the health service. If stress remains untreated the following consequences become very real.

Behavioural:

- Smoking – over indulgence
- Alcohol/Drugs – over indulgence
- Accidents
- Impulsive, emotional behaviour
- Relationships at home suffer, breakdown
- Poor workplace performance
- Emotional withdrawal of person
- Social isolation

Physical:

- Headaches
- Backaches
- Poor sleep patterns
- Indigestion
- Chest pains, anxiety
- Nausea, dizziness
- Excessive sweating and trembling
- Heart disease – (long term effect of problem not being dealt with)
- Hypertension
- Ulcers and general poor health

Emotional:

- Tiredness
- Anxiety
- Boredom
- Irritability
- Depression, a condition in which feelings like sadness, loss of interest, reduced energy, suicidal thoughts and sleep and appetite disturbance go beyond normal mood changes. If depression becomes severe, it becomes difficult even to carry out relatively normal tasks – even getting up in the morning seems impossible to achieve. Life becomes increasingly bleak and despair clouds all thoughts and actions.

- Inability to concentrate and apathy
- Insomnia, chronic depression and anxiety (long term effects of the problem not being resolved)
- Anger and irritability – this may be expressed directly at the bully, or towards innocent colleagues who quite simply happen to be in the wrong place at the wrong time.

7.3 In addition to serious illness, such as depression, those being bullied or harassed may be more likely to be absent from university or practice placement due to illness. Those suffering from stress become more susceptible to minor illnesses such as colds, irritable bowel syndrome and migraine. This could lead to a relatively high sickness absence level, which in turn could lead to an investigation into sick record levels. All the above effects of bullying and harassment can lead to the victim's work and study suffering with an increased likelihood of mistakes and oversights occurring.

8. What should you do if you are being bullied or harassed?

8.1 Many students are reluctant to complain, even though their educational institution or practice placement will recognise that bullying and harassment go on, and indeed, have policies to deal with such issues. Students often feel they won't be believed, or their case won't be dealt with sensitively and the situation will only get worse or be 'swept under the carpet'. Sometimes they think complaining will make them seem weak, or they won't be supported.

8.2 Bullying myths, common myths and misperceptions of bullying:

- There is no bullying here
- Bullying toughens you up
- Stand up for yourself
- Ignore it and it will go away
- It's part of life and do you just have to accept it

8.3 Student radiographers are sometimes afraid that if they make a fuss, it will prejudice the clinical/course assessment grades they need to progress on their course. This should not be a problem if cases are dealt with properly through correct educational institution or practice placement bullying and harassment policies.

8.4 The fact remains that until student radiographers take action, it is unlikely that the bully or harasser will stop. It's much better for students' wellbeing if they take action, thus also helping others in the future by showing that bullying won't be tolerated. It's also best to take action early as this sends a message that bullying or harassing will not be tolerated. It is important students do not blame themselves for what they're experiencing and don't feel they have to wait until they are at breaking point before initiating any action.

8.5 Taking action

It is important that, in addressing the issue of being bullied or harassed, you take the most appropriate approach depending on what you are comfortable with and the individual circumstances.

8.6 Talk it over Firstly, you should talk to other people. It often helps to talk informally to someone such as a friend, family member, trusted colleague, practice placement educator, personal tutor or the SCoR Professional Officer for Education and Students. It is up to you to decide who to talk to but this will help you to decide if there is a genuine problem.

If you experience symptoms of stress or anxiety, it is important for you to see your GP, university medical service or the occupational health department at your practice placement site and discuss with them the effects on your physical and mental health.

8.7 Keep evidence It is vital to keep a written record of incidents related to your situation. This can

help clarify exactly what has happened. If you decide to make a formal complaint this record will provide vital evidence to support your case. Keep your notes short and simple, write down all the detail as soon as possible after the incident so your mind is fresh.

The following should be recorded:

- Date and time of the incident
- Where the incident took place
- Nature of the incident
- Your response to the incident
- Your feelings
- Whether any action was taken, and if so, what it was
- The names of witnesses, if present

9. Decided to take further action? Informal or formal?

9.1 Informal approach Students are reluctant to complain so start with an informal approach to solving the problem. To initiate this, you should try approaching the person themselves to try to talk the problem through with them. They may not realise the impact their behaviour is having on you. It is important not to make accusations, but to explain how their behaviour makes you feel and ask for it to stop. Again, keep a written record.

9.2 If approaching the bully personally is not acceptable, or the first attempt has been unsuccessful, help and advice need to be sought from the university, practice placement educator or practice placement manager. They can become your representative and can talk to the bully and try to sort out the problem without using formal complaints and sanctions (this is 'conciliation'). You should follow the organisations' policies for bullying and harassment to ensure procedures are followed correctly.

9.3 Issues which you need to clarify with your representative:

- Will they use your name?
- When will they talk to the individual?
- When can you find out what happened?
- What to do next if conciliation doesn't work?
- What should you do next?

9.4 If the first person approached is not very helpful, don't give up. Try someone else. If you are a SCoR member, you could talk initially and in confidence to a professional or regional officer 020 7740 7200. Contact details of all officers are on the website www.sor.org

9.5 Here are some ideas:

At your educational institution – if the problem is with a member of staff or another student at the university, then you should talk to a personal tutor or another member of staff such as the course leader, student services, counselling service, student union or SCoR. Whoever you speak to, reiterate that it is in confidence; tell them what has been happening. It does not mean a formal complaint will automatically be made. This individual will only do what you want them to and will give you the advice and support you need. They will want to have the bullying or harassment stopped quickly and can become your representative by speaking to the bully directly; they will try to resolve the problem without using formal complaints and sanctions. They should follow the educational institutions bullying and harassment policy to ensure procedures are followed correctly. Some educational institutions have an equal opportunities officer who can assist if the bullying is discrimination based.

Alternatively SCoR's Equality and Diversity Officer, Richard Pembridge (Direct line 020 7740 7215; richardp@sor.org) can be contacted.

In halls of residence - the hall manager or accommodation officer should be the first contact. They can direct you to the most appropriate person to help you.

During practice placement - if the problem is with a member of staff, talk to the clinical/link tutor allotted to your placement site/ your placement mentor/ practice educator/department manager or the occupational health department at the placement. There may also be a SCoR rep (local representative) at the workplace so you may approach them.

9.6 You may face harassment or bullying by patients, service users or patients' relatives. Report the incident to the department manager immediately.

10. Formal approach

10.1 If your problem persists, you can make a formal written complaint. You will need to follow your educational institution or practice placement site policy for this, so it is important you speak to someone from your educational institution first to make sure you are going through the right process. Your complaint statement needs to be clear and objective, and include the following:

Full details of what has been happening, as per the written record you have been keeping
The effect the situation is having on you, your academic studies and your practice placement experience

Previous attempts to resolve the problem informally
Any supporting information or additional evidence

10.2 Your written complaint should then be registered formally with the appropriate person (according to the bullying and harassment policy being followed). The complaint should then be investigated quickly by the educational institution or practice placement provider. You may have to attend an interview. If so, it is important that you attend as it may influence your case. If the date and time given for the interview is not convenient, you have the right to negotiate for another appointment, and you can take a representative with you.

10.3 The investigator may decide:

There is no case to answer and further action is not justified. The reason for the decision should be made clear to you. The matter could be resolved through mediation. If this is acceptable to you, the other party will be informed and discussions will be held to rebuild relationships

Disciplinary action is appropriate, in which case there may be a disciplinary hearing, and the bully or harasser may be given a warning prior. Further incidents could lead to dismissal from the workplace or course of study.

If you are unhappy with what is decided, talk to your representative for information on what you can do.

11. What to do if you witness someone being bullied or harassed

11.1 Radiography is a caring profession and it's important that you carry those values beyond patients to your colleagues and those around you. If you see someone in distress, you should try and help them. Offer to support them if they choose to speak up. However, please remember it is their

decision.

11.2 If you witness behaviour you think is bullying or harassment, you may want to talk this through with the perpetrator. If do, do so as soon as possible after the incident, in private and calmly, taking the approach that you had felt uncomfortable in the situation and it was possible that it could be seen as bullying or harassment.

11.3 In serious incidents you may wish to report, in confidence, what you have witnessed to a responsible person, stating how it has affected you.

12. Useful contact

National Bullying Helpline

<http://www.nationalbullyinghelpline.co.uk/>

Telephone 0845 22 55 787

Monday to Friday 10am - 4pm

Saturdays 10am - 2pm

13. References

1. The Society of Radiographers. Analysis of students and recent graduates survey 2010 . The Society of Radiographers 2010
<http://doc-lib.sor.org/analysis-students-and-recent-graduates-survey-2010>
2. The Care Quality Commission. NHS Staff Survey 2009. The Care Quality Commission 2009
3. Incomes Data Services. NHS staff survey A research report for the Joint NHS trade unions. Incomes Data Services August 2007

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