Northumbria Research Link

Citation: Brown, Lan Rachel, Mason, Barbara and Carter, Madeline (2020) Workplace bullying from the perspectives of trainee clinical psychologists. Journal of Mental Health Training, Education and Practice, 16 (2). pp. 139-152. ISSN 1755-6228

Published by: UNSPECIFIED

URL:

This version was downloaded from Northumbria Research Link: http://northumbria-test.eprints-hosting.org/id/eprint/55142/

Northumbria University has developed Northumbria Research Link (NRL) to enable users to access the University's research output. Copyright © and moral rights for items on NRL are retained by the individual author(s) and/or other copyright owners. Single copies of full items can be reproduced, displayed or performed, and given to third parties in any format or medium for personal research or study, educational, or not-for-profit purposes without prior permission or charge, provided the authors, title and full bibliographic details are given, as well as a hyperlink and/or URL to the original metadata page. The content must not be changed in any way. Full items must not be sold commercially in any format or medium without formal permission of the copyright holder. The full policy is available online: http://nrl.northumbria.ac.uk/policies.html

This document may differ from the final, published version of the research and has been made available online in accordance with publisher policies. To read and/or cite from the published version of the research, please visit the publisher's website (a subscription may be required.)

UniversityLibrary

Northumbria
University
NEWCASTLE

Journal of Mental Health Training, Education and Pr

Workplace bullying from the perspectives of trainee clinical psychologists

Journal:	*Journal of Mental Health Training, Education and Practice*
Manuscript ID	JMHTEP-08-2020-0054.R1
Manuscript Type:	Research Paper
Keywords:	workplace bullying, clinical psychology, training, mental health

SCHOLARONE™
Manuscripts

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

Workplace bullying from the perspectives of trainee clinical psychologists

Purpose *Research has identified that workplace bullying is a significant problem within healthcare, with healthcare trainees at particular risk. The aim of the current study was to explore the experiences of workplace bullying from the perspectives of trainee clinical psychologists.*

Design/methodology/approach *Fourteen trainee clinical psychologists recruited from British universities participated in semi-structured telephone interviews. Qualitative data was analysed using thematic analysis.*

Findings *The analysis generated four main themes: workplace bullying 'activating threat responses', the process of trainee clinical psychologists 'making sense of bullying', 'difficulties navigating power within the system' when experiencing and reporting bullying, and 'finding safety and support' within and outside of work contexts.*

Originality *This is the first known study of workplace bullying specifically within clinical psychology. The research has implications for guidance for training institutions and professional bodies associated with trainee mental health professionals.*

Keywords *Workplace bullying, clinical psychology, training, mental health*

Paper type *Research paper*

Introduction

Prevalence and definitions

Research has highlighted a high prevalence of reported workplace bullying in healthcare compared to other employment sectors (Zapf et al., 2020; Fevre et al.,

Journal of Mental Health Training, Education and Practice

Journal of Mental Health Training, Education and Practice

2012), with healthcare trainees at a particularly heightened risk of bullying (Berry et al., 2012; Stubbs & Soundy, 2013). A recent systematic review of healthcare workers internationally found a mean estimated bullying rate of 26.3% across 45 studies (Lever et al., 2019). Within the UK, reported levels of workplace bullying in the National Health Service (NHS) have remained high. In the 2019 NHS staff survey, 19% of staff reported that they have experienced bullying, harassment or abuse from other colleagues in the last 12 months, with 12.3% of staff reporting these behaviours from managers (NHS Staff Survey 2019), similar to ranges in previous NHS surveys (NHS Staff Survey 2015 - 2018). Within mental healthcare, a British Psychological Society survey of psychological health staff in 2017 found 13% of participants reported bullying and harassment from managers occurring at least once in the past 12 months, with 34% reporting observing bullying of colleagues (Rao et al., 2018). There is a lack of studies that examine bullying prevalence rates of trainee mental healthcare professionals, although there are two examples investigating trainee psychiatrists. Hoosen and Callaghan (2004) found 47% of UK trainee psychiatrists reported one or more bullying behaviours over the previous year. Ahmer et al. (2009) found 80% of trainee psychiatrists in Pakistan reported one or more bullying behaviours using the same measure.

Definitions of workplace bullying can vary but usually centre on perspectives of the target and often include persistence, imbalance of power and negative behaviours. The definition of workplace bullying used in recruitment for the current study was “A person is bullied when they feel repeatedly subject to negative acts in the workplace, acts that the bullied person may find it difficult to defend themselves against”, as

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

used in previous research (e.g. Einarsen et al., 1994; Glambek et al., 2014; Lewis, 2006).

Impact and responses

Workplace bullying has a substantial impact on healthcare at the economic and organisational level, as well as on individual staff and patient care. Kline and Lewis (2019) provided a conservative estimate of a £2.281 billion per annum financial cost of bullying and harassment to the NHS in England. The impact of bullying on the working environment and culture has been highlighted in poor practice and patient care - a bullying culture was named as a significant issue in the Francis Report (Mid Staffordshire NHS Foundation Trust Public Inquiry, 2013), and more recently in investigations at NHS Lothian (Academy of Medical Royal Colleges and Faculties in Scotland, 2018).

As well as prevalence studies, many studies have also investigated the impact of bullying on healthcare staff. Lever et al.'s (2019) systematic review of the health consequences of bullying in the international healthcare workplace found that perceived bullying was associated with mental health difficulties including burnout, depression, anxiety and psychological distress, and physical health problems including headache, insomnia and nausea. Bullying was also associated with a higher rate of sick leave. Within mental healthcare, Wood et al.'s (2016) survey of 1472 UK mental health staff investigated absence from work and managerial abuse (which encompassed workplace bullying) and found those that reported managerial abuse were 3.49 times more likely to have been absent from work. Managerial

Journal of Mental Health Training, Education and Practice

abuse and absence were also associated with psychological strain, particularly depression.

The impact of bullying on trainee professionals within healthcare has also been examined. Samsudin et al.'s (2018) systematic review of workplace bullying among junior doctors internationally found significant associations between bullying and mental strain, job dissatisfaction, burnout, and increased accidents at work. There have also been some qualitative studies that explore bullying of trainee healthcare professionals including nursing students (Hoel et al., 2007; Randle, 2003), surgical trainees (Kamali & Illing, 2018) and physiotherapy students (Stubbs & Soundy, 2013; Whiteside et al., 2014). In these studies, power appears to form an important role in the experience of workplace bullying for trainee healthcare professionals. For example, trainees described finding it difficult to report their experiences as they feared the repercussions on their progress to qualification (Kamali & Illing, 2018; Whiteside et al., 2014), as well as some students replicating negative behaviours towards those with less power, including patients (Hoel et al., 2007; Randle, 2003).

Rationale for current study

There are no known studies investigating the impact of workplace bullying on trainee mental healthcare professionals. There are also no known studies investigating workplace bullying specifically within clinical psychology, including of trainee clinical psychologists. A recent report highlights the lack of research on factors that influence the wellbeing of trainee psychologists in the NHS, including workplace bullying (NHS Health Education England, 2019). There are also no known studies on workplace bullying of pre-training clinical psychologist roles, such as assistant psychologists,

Journal of Mental Health Training, Education and Practice

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

who may also be at risk given their relative lack of power in their pre-qualified status in the workplace. The current study aimed to explore the perspectives of trainee clinical psychologists on their experiences of workplace bullying in training and in pre-qualified roles prior to training.

Method

Most research in workplace bullying has focused on quantitative studies, despite calls from within the field that more qualitative perspectives are needed to provide a fuller understanding of the phenomenon and processes (Rai & Agarwal, 2016; Samnani, 2013). A qualitative approach was used in this study to reflect the open and exploratory nature of the research question, and to contribute to the small body of qualitative work on workplace bullying of trainee healthcare professionals.

Ethical approval for the study was granted by the primary researcher's University ethics committee. Key issues considered were confidentiality and anonymity, along with possible participant distress given the nature of the research topic.

Participants were recruited through email contact with programme directors of British clinical psychology courses (not including the primary researcher's own course to maintain confidentiality within the research team). Over half of the courses (15 out of 29) agreed to share information with trainee clinical psychologists associated with their programme. Participants self-identified as having experienced workplace bullying from other staff as a trainee clinical psychologist or in a pre-training psychology role. Fourteen participants were recruited. Nine identified bullying

Journal of Mental Health Training, Education and Practice

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60

experiences as a trainee psychologist and five in roles prior to clinical psychology training.

Table 1: Demographics of participants

A semi-structured interview schedule was developed, informed by existing research on workplace bullying in line with the research aims of the project (see Appendix). Questions focused on the process of bullying, reporting bullying, the impact of bullying and reflections on the experience of bullying. Interviews were conducted on the telephone by the primary researcher, and were recorded and transcribed verbatim with consent. Interviews lasted between 50 and 92 minutes.

The data were analysed at a semantic level using inductive thematic analysis in line with a Braun and Clarke (2006) approach. This used a recursive process of data coding, generating initial themes, reviewing and defining themes and developing a thematic map. NVivo software was used in the analysis to develop initial codes. An initial transcript was coded separately by the researcher and principal supervisor, and then discussed to explore interpretations, commensurate with a Braun and Clarke (2019) 'reflexive' analysis. The primary researcher's experience as a trainee clinical psychologist meant that she held an "insider" research perspective with the participants of the study with potential advantages and disadvantages to the research (Hofmann & Barker, 2017). A reflective diary was used prior to and during the data collection period to "bracket" assumptions and beliefs on the topic (Ahern, 1999). Supervision with the other researchers helped to develop awareness of other perspectives on the data, which were incorporated into the analysis.

Journal of Mental Health Training, Education and Practice

Journal of Mental Health Training, Education and Practice

Results

The analysis generated four main themes: workplace bullying 'activating threat responses', the process of trainee clinical psychologists 'making sense of bullying', 'difficulties navigating power within the system' when experiencing and reporting bullying, and 'finding safety and support' within and outside of work contexts. In order to provide context to the thematic analysis, examples of bullying and negative behaviours that participants identified are initially presented. Pseudonyms are used for participant names.

Examples of bullying and negative behaviours

The most common examples of behaviours were persistent criticisms of work that participants felt were unjustified.

> Every kind of aspect of what I had done or had not done would be under scrutiny and criticised and it was done with a lot of angry emotion in the room. (Gabby)

Some participants also described personal criticism.

> I was told a lot of very personal, critical comments…because of who I was and the way I think (Fiona)

Participants referred to shifting work goals that were set and then changed without notice.

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60

> The week later the goal posts would have moved and she would be you are not managing this and it was the very thing she said I was managing in the first place. So it was disorientating. (Ellie)

Participants described monitoring of their work that they felt was excessive, such as their time or tasks at work.

> Any kind of task I knew it would be scrutinised to the nth degree by my supervisor so it it just felt suffocating really um like everything had to be exact cos she was just picking on anything. (Michael)

Participants referred to feeling ignored or isolated by the perpetrator.

> It was not speaking to me or not looking at me in meetings or basically any suggestions or any thoughts I had, dismissing them in front of others. (Ellie)

> I wasn't allowed to ask, or speak to her outside of supervision, ever… And she completely ignored me outside of it, like she didn't say hello, didn't look at me. (Joy)

Some participants reported being prevented access to work opportunities.

> We had an away day where everyone in the service went apart from me for some reason. I didn't get an invite to go. (Ellie)

Some participants referred to practices that appeared to be unfair and discriminatory in relation to participants' health such as being pressured to work when unwell,

Journal of Mental Health Training, Education and Practice

Journal of Mental Health Training, Education and Practice

expecting the same levels of productivity when hours were reduced due to ill health, and breaking confidentiality regarding a health condition with others in the team.

Figure 1: Results map with themes and sub-themes of thematic analysis

<u>Theme 1: Activating threat responses</u>

Participants identified hypervigilance, hiding and avoiding, and self-criticism as responses to bullying, which could be re-activated in later contexts where they were no longer experiencing bullying.

Sub-theme 1.1: Being hyper-vigilant

Trainees referred to being very aware of experiencing further negative behaviours after experiencing bullying, which could affect interactions with others as well their own physical responses.

> I would be more alert in the room, more awake and looking out for body language and trying to get the perfect words out of me. (Gabby)
>
> I would get to work, and then just feel on edge, like jumpy, like the door would open and I was like who is going to be there. (Isabelle)

This hypervigilance led some participants to report overworking, as well as making more errors, as an anxious response to bullying behaviours.

> I would spend a lot of time checking emails, running it past colleagues "Is this ok? Does this come across alright?" (Gabby)
>
> I think I made more mistakes because I was very anxious and I would lack confidence in the decisions I made (Beth)

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

Sub-theme 1.2 Hiding to 'survive'

Many participants reported responding to threat by hiding their experiences and feelings from perpetrators and others in the workplace to avoid attention.

> It also made me feel like I couldn't talk about it and I had to hide everything because otherwise everybody would see me as a problem. (Isabelle)

> I learnt how to survive on that placement. I learnt to be submissive and do whatever they said and smile and nod and say how great it was. (Laura)

Some participants referred to a physical sense of hiding their responses and emotions at work.

> The blood pumping and almost shaking with anger and having to perhaps suppress that in the moment. (Keith)

> Like a curling in of myself, feeling like I just wanted to curl up in a ball and cry and not have to speak to anyone and not have to explain anything. (Danielle)

Sub-theme 1.3 Being self-critical

Several participants described responding to the sense of threat by becoming self-critical, with some participants referring to this as "internalising" criticism from a perpetrator.

> When someone is bullying and saying this is something wrong with you. So, there is something about that, you start internalising that (Joy)

> There were times that the comments she said to me kept floating inside my head, and some of them were pretty hard to shake (Fiona)

Journal of Mental Health Training, Education and Practice

Journal of Mental Health Training, Education and Practice

1
2
3 Participants reported that this self-criticism could lead to participants' loss of
4
5 confidence in their work, and into other aspects of their lives.
6
7
8 Doubting myself, doubting my ability … really knocking my confidence, just
9
10 makes you question everything you do. (Beth)
11
12
13
14
15 *Sub-theme 1.4 Threat in later contexts*
16
17 Several participants referred to the effect that bullying behaviours in previous work
18
19 had on their responses in later work situations where they were no longer directly
20
21 experiencing threat.
22
23
24 I'm really conscious about not rubbing people the wrong way. So I've
25
26 definitely gone more into appeasing mode. (Fiona)
27
28
29 I think I'm much more aware, more vigilant of what my supervisors are
30
31 like….I'm like 'they're looking to criticise me'. (Isabelle)
32
33
34
35
36 Some participants highlighted this threat response in the relating of their experience
37
38 within the research interview.
39
40 I know after this conversation now it will be more on my mind … and I'll need
41
42 to find a way to calm my head down and move on from it. (Michael)
43
44
45
46
47 *Theme 2: Making Sense of Bullying*
48
49 Participants highlighted challenges in conceptualising bullying, as well as the
50
51 processes which led to naming their experiences as bullying. Identifying their
52
53 experiences as bullying shaped some participants' perspectives of clinical
54
55
56 psychology and their future practice.
57
58
59
60

Journal of Mental Health Training, Education and Practice

Sub-theme 2.1 Challenges to identifying bullying

Trainees highlighted that the sometimes subtle nature of the bullying behaviours, as well as the element of personal interpretation, could prove challenging to identifying behaviours as bullying.

> In the beginning I did not realise she was bullying me. I guess it was always that like when does bullying become bullying? Because it was quite insidious. (Fiona)

> It felt like it started quite gradually. And it started as a kind of very kind of subtle hostility which would have been quite difficult to evidence. (Sara)

Participants pointed to a lack of clear examples, training and agreed definition in further challenging their own understanding.

> You don't get any training on what bullying is or how to spot it and the fact of how it is interpreted (Keith)

Other participants noted that the word bullying positioned them in the role of victim, which might not correlate with their self-identity.

> And I guess I am reluctant to say I was bullied because it feels like you're pushed into the victim role by saying I was bullied. (Michael)

Sub-theme 2.2 Naming the bullying

Despite the challenges in identifying bullying, participants identified a number of influences in naming their experience as workplace bullying. Sometimes it was a specific encounter with a perpetrator that participants described as a trigger to

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

labelling their experience as bullying, as the behaviour was felt to be more threatening.

> So after she swore at me, um, I was like…this is not right, um and I was like this is what bullies do, bullies shout at you to try and intimidate you. (Fiona)

Reading definitions and examples of workplace bullying was highlighted by some participants as providing evidence in order to interpret their own circumstances.

> I found the institution's bullying at work or bullying and harassment policy. Erm I do remember looking up different definitions of bullying and thinking that does fit. (Isabelle)

Several participants described their interpretation of bullying as developing within a relational context through others identifying their experiences as bullying.

> My tutor stopped me and said that I sounded like a person in an abusive relationship. And that was a bit of a penny drop moment for me. (Fiona)
> Because I had colleagues who were experiencing it as well, we were like this is definitely bullying, this is not just poor management. (Beth)

Sub-theme 2.3 Making sense within the profession

After experiencing bullying within psychology, participants referred to a changing perspective towards the profession that challenged their previous assumptions.

> I think now I know that psychologists aren't always great [laughs] and they can be quite damaging as well. (Gabby)

Journal of Mental Health Training, Education and Practice

Journal of Mental Health Training, Education and Practice

I think psychology is a world where we're all supposed to be really open and reflective and everything, but I don't think it really works like that in practice. (Holly)

For some participants the reflective, personal nature of clinical psychology could itself also be implicated in workplace bullying within the profession, if misused.

There's something quite abusive about maybe being like encouraged to like be quite reflective or disclose quite personal things or get into quite a… professional but deep relationship with like supervisors or tutors... What happens when that trust is broken like it almost feels like a slightly different kind of betrayal as well or a different kind of emotional consequences. (Sara).

Participants also spoke about how the difficulties of the bullying situation clarified their values and boundaries for the future, as well as how they hope to practice as a psychologist.

It pushed me to think, to be honest, what my professional values were. And know what is right and what is wrong in how a service is run. (Fiona)

Theme 3: Difficulties Navigating Power within the System

Participants referred to the difficulties they faced in navigating power within the system both in experiencing bullying behaviours and reporting workplace bullying.

Sub-theme 3.1 Being in a vulnerable position

Participants perceived their position as trainee clinical psychologists and within pre-training roles as inherently a position of limited power within a larger system.

> Because obviously everyone has different roles and different amounts of power within that system. And as a trainee I felt I had the least amount of power out of everyone who was involved. (Sara)

The competitive route to clinical training meant that some participants felt that they had to accept inappropriate behaviours in order to qualify in the profession.

> I think the investment to follow this path…that we should feel grateful to be in the profession and therefore have to accept whatever is thrown at you. (Keith)

Some participants expressed that they not only experienced a lack of power in relation to their position but that this also interacted with their personal circumstances, such as health conditions and family situation.

> I have a [mental health] diagnosis as well er so there was a time when I was quite anxious and I disclosed that to her…and I felt she was using that to discriminate against me. (Ellie)

Sub-theme 3.2 Challenges to speaking up

Participants were concerned about the neutrality of the reporting structures, and their lack of knowledge of the system.

> You don't really know how they're going to react or what they're going to think of you and what they were going to do. (Sara)

Trainees pointed to the desire to be viewed as competent, particularly in the context of continual assessment, with a worry that raising difficulties might compromise this.

Journal of Mental Health Training, Education and Practice

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60

> I was just trying to be accepted and show myself as somebody that was worthy to be on the course…so I didn't really want to be ruffling feathers, and be like oh this is going on. (Holly)

Participants emphasised the fear of potential consequences on their career should they speak up, which seemed to be exacerbated by the small clinical psychology field.

> The person made me feel like they could ruin my career if I spoke out about it. So because psychology is quite a small world, they could have done that, in a different profession it might seem different. (Beth)

Sub-theme 3.3. Feeling let down by responses

Despite the challenges in raising difficulties related to workplace bullying, many participants described attempting to speak about their experiences to others in a position of power. Some participants perceived that those in a more powerful position were aware of difficulties but chose to ignore them.

> People knew really what was going on but nobody else had the, I don't know, will or strength or courage to do anything about it either. (Holly)

Some participants situated the lack of meaningful response within a wider framework of power; that those whom they had sought support from were themselves influenced by power within the system, which affected their capacity to respond.

> With clinical placement supervisors they want to keep them on side because they need to make sure they get enough for all the students. (Michael)

Journal of Mental Health Training, Education and Practice

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

> I don't know if organisationally there is not that culture of self-care to support managers who are told about these things. (Keith)

When there was a procedural response, participants also perceived a lack of emotional acknowledgement of the difficulties, which they named as important.

> The procedure about what to do next was the important thing. And I think it is making the person feel like their feelings is an important thing in it. I think things will flow much better from that. (Keith)

Several participants identified a response that seemed to put an onus back on the participant to manage the difficulties. For some this was couched in terms of participants "reflecting" on the situation or on finding individual coping skills, rather than acknowledging the difficulties within the interpersonal interactions.

> They just told me that I was lacking introspection. So there was absolutely no way I could defend myself, because any time I tried they just told me I was not reflecting enough. (Laura)
>
> There was nothing about it not being OK, what they were doing. It was, 'How can you manage this?' And there was talk about building my resilience or like finding tools to manage and cope and stuff like that. (Isabelle)

When participants felt that their difficulties were not acknowledged by those to whom they had reported it, they identified that they became less invested in their training or in raising bullying behaviours in the future.

Journal of Mental Health Training, Education and Practice

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

> So after that it was a pretty sterile relationship with the university, you know it became a box ticking exercise the rest of training after that. (Laura)

> I am not as motivated probably to raise it in the future either with a manager or the person themselves. (Keith)

<u>Theme 4: Finding Safety and Support</u>

This theme encapsulates the way in which participants reported finding safety and support that mitigated some of the threat responses associated with the bullying.

Sub-theme 4.1 Later work being reparative

Participants referred to later jobs or placements after the bullying being reparative through restoring participants' sense of self and belief in their work practice that had been threatened through bullying.

> These people were telling me, actually, the opposite to what this woman had said. And they did help me to actually change some of those thoughts that were there. (Joy)

> Having had good experience since and before, you know I think I've been able to make sense of it as a blip…so it feels less personal in that way, it did a lot of healing. (Laura)

Sub-theme 4.2 Support within the system

Although many participants referred to being disappointed by the reactions when they reported the bullying experiences, some participants recounted accessing support within the system. When participants identified positive aspects to support,

Journal of Mental Health Training, Education and Practice

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

understanding the process of reporting bullying in a way that felt safe seemed to be key.

> They offered me solutions and options and made me feel whatever decision I would make involving reporting it or escalating it I would be safe. (Gabby)

Participants also described seeking support from others at work, such as colleagues, who provided practical advice and supported participants in reporting the bullying.

> Practical advice from other people saying look keep a record of everything, write everything down because if it goes to a HR thing you need to prove that. (Ellie)

Sub-theme 4.3 Finding outside support

Other participants used support outside of work, such as through therapy or via family and friends.

> I have actually done some trauma re-living work on those memories, which was very effective, and I no longer get the flashbacks. (Danielle)
>
> I couldn't talk about it with the university, so I had to talk about it somewhere else, and that was thankfully my friends and family who were very, very supportive. (Laura)

However, for some participants the consequences of seeking support outside meant that emotions related to workplace bullying could also impact others at home.

> I was going home and he would get the brunt of my frustrations … the power she had over us at work was happening in our own lives. (Beth)

Journal of Mental Health Training, Education and Practice

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

Discussion

The current study highlights trainee clinical psychologists' perspectives on the threat responses associated with bullying, the processes in which they make sense of workplace bullying, the difficulties in raising concerns related to bullying and the ways in which trainees found support.

Previous research has found associations between bullying and greater psychological distress, anxiety and depression (Carter, 2013; Lever et al., 2018). However, the current study develops our understanding of the more specific processes of threat response which may help to explain these findings, such as hypervigilance, avoidance and self-criticism. Similar threat responses have been reported in studies of bullying on physiotherapy students (Whiteside, 2014) and surgical trainees (Kamali & Illing, 2018). The current study also highlights the potential longitudinal impact of workplace bullying, with some participants describing continuing threat responses in other workplace contexts and in speaking about their experiences.

Participants referred to a number of challenges to identifying their experiences as bullying, such as the connotations of the term and the often subtle and gradual process of negative behaviours, reflecting findings reported in the literature (Salin, 2001; Samnani, 2013). Within healthcare, the assumption that the participants' profession is caring was also challenged in studies of student nurses after experiencing bullying (Randle, 2003; Hoel et al., 2007). In the current study, the idea of the reflective nature of clinical psychology was particularly tested by workplace bullying, especially as it could be seen as being implicated in the bullying if misused.

Journal of Mental Health Training, Education and Practice

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60

The position of participants as pre-qualified professionals posed a particular difficulty for them in raising concerns about bullying to those in a position of power. This is reflective of the worries of other healthcare trainees including fears of the impact of reporting on training assessment and later career, as well as a lack of understanding of the processes after reporting (Courtney-Pratt et al., 2018; Kamali & Illing, 2018; Whiteside et al., 2014). The current study also highlights how a lack of meaningful responses to reporting bullying may negatively affect trainees' motivation and investment in training.

Some studies of healthcare professionals have considered the effect of support (e.g. Quine, 2001; Woodrow & Guest, 2012; Courtney-Pratt et al., 2018). In this study, participants identified that support could counteract some of the negative effects of workplace bullying. An examination of Gilbert's (2009) compassion-focussed therapy (CFT) theory may provide a theoretical understanding to this impact of support in the context of workplace bullying. The CFT model suggests we have three key emotion-regulation systems. The "threat" system directs attention and responds to threat, and contains threat-based emotions (e.g. anxiety) and behaviours (e.g. hypervigilance, avoidance). The "drive" system enables us to seek out resources to survive, which can give feelings of motivation and excitement. The "affiliative" system enables states of peacefulness and gives us feelings of well-being associated with connectedness to others. Bullying is likely to over-activate the "threat" emotional regulation system, and under-activate the "affiliative" system. Self-criticism is also a common response to threat, particularly in the context of social power (Gilbert, 2009). Whilst it may be difficult to challenge a powerful other, attention may be

Journal of Mental Health Training, Education and Practice

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60

directed to the self and lead to responses including self-blame and hiding (Gilbert & Irons, 2005), as described by participants to bullying. In contrast, participants described examples of support that appear to relate to the "affiliative" system. Participants referred to the positive regard by others in new work environments and the support found from others when reporting workplace bullying eliciting a sense of safeness. This allowed participants to maintain a more compassionate sense of self, which challenged the self-criticism associated with bullying.

Implications of the research

This research emphasises the importance of wider recognition of workplace bullying within clinical psychology, and potentially within the broader mental health workforce. Resources on workplace bullying should include definitions and examples of negative behaviours, which participants identified as useful to consider whether their experiences corresponded with bullying. This could include case examples that are relevant to the particular context, such as how the reflective nature of clinical psychology could potentially be abused in workplace bullying, which may also be relevant to other groups of trainee mental health professionals.

The research highlights the need for training within clinical psychology about workplace bullying. This could be included in the training of practice placement educators, clinical placement supervisors and course staff, as well as in the induction for trainees. Training should include processes for reporting and responding to bullying and other negative behaviours, as well as the importance of responding with empathy and attending to the emotional impact. Training should include both formal procedures and informal approaches as options to reflect the difficulties participants

Journal of Mental Health Training, Education and Practice

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

identified in speaking up. Further it may be helpful for training and resources on workplace bullying to form a part of guidance from the relevant professional psychology bodies, with links to professional codes of practice.

Further research and limitations

This is the first known study of workplace bullying from the perspective of pre-qualified clinical psychologists. Further research could explore workplace bullying of other trainees within the psychological and mental health professions, such as trainee counsellors, therapists, psychological wellbeing practitioners, mental health nurses and social workers, where there is also a lack of research. Whilst there exist workplace bullying prevalence studies of trainee psychiatrists, further research may provide clarification of the processes underpinning workplace bullying in this population. This research may help to elucidate commonalities with other professions and trainees, as well as issues that may be more specific to the trainee mental health workforce. Future research could encompass workplace bullying of qualified clinical psychologists, which is another area where there is no known role-specific research. Furthermore, the perspectives of those accused of bullying or who have bullying reported to them within clinical psychology and the wider mental health workforce provide other avenues for research.

Whilst the gender and ethnic demographics of participants were similar to the population of British trainee clinical psychologists in terms of female to male ratio, and White trainees and trainees of colour (Clearing House for Postgraduate Courses in Clinical Psychology website), this also meant that the sample was predominantly female and White. Furthermore, other demographic

Journal of Mental Health Training, Education and Practice

Journal of Mental Health Training, Education and Practice

information such as sexual orientation, disability and socio-economic background were not requested, and therefore it is unclear how diverse the sample was in relation to these characteristics. Studies have shown that minority groups within clinical psychology face particular challenges (Shah, Wood, Nolte & Goodbody, 2012; Wood & Patel, 2017). Future research on bullying could focus on the perspectives of trainees in mental health professions who identify with one or more minority groups.

Finally the study used a qualitative methodology, which explored the themes related to workplace bullying from the perspective of trainee clinical psychologists. Further quantitative research could investigate the prevalence rates of workplace bullying within trainee populations in clinical psychology and among other mental health professionals in comparison to other occupational groups. Quantitative data could also identify specific behaviours that are most prevalent within these contexts to inform future interventions.

References

Academy of Medical Royal Colleges and Faculties in Scotland. 2018. *Review of Whistleblowing Allegation. Final Report. NHS Lothian (November 2017 – March 2018).* Available at https://www2.gov.scot/Resource/0053/00537411.pdf

Ahern, K.J., 1999. Ten tips for reflexive bracketing. *Qualitative health research*, *9*(3), pp.407-411.

Ahmer, S., Yousafzai, A.W., Siddiqi, M., Faruqui, R., Khan, R. and Zuberi, S., 2009. Bullying of trainee psychiatrists in Pakistan: a cross-sectional questionnaire

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

survey. *Academic Psychiatry*, *33*(4), pp.335-339.

Berry, P.A., Gillespie, G.L., Gates, D. and Schafer, J., 2012. Novice nurse productivity following workplace bullying. *Journal of nursing scholarship*, *44*(1), pp.80-87.

Braun, V. and Clarke, V., 2006. Using thematic analysis in psychology. *Qualitative research in psychology*, *3*(2), pp.77-101.

Braun, V. and Clarke, V., 2019. Reflecting on reflexive thematic analysis. *Qualitative Research in Sport, Exercise and Health*, *11*(4), pp.589-597.

Carter, M., Thompson, N., Crampton, P., Morrow, G., Burford, B., Gray, C. and Illing, J., 2013. Workplace bullying in the UK NHS: a questionnaire and interview study on prevalence, impact and barriers to reporting. *BMJ open*, *3*(6).

Clearing House for Postgraduate Courses in Clinical Psychology website: Equal opportunites. Available at: https://www.leeds.ac.uk/chpccp/equalopps.html

Courtney-Pratt, H., Pich, J., Levett-Jones, T. and Moxey, A., 2018. “I was yelled at, intimidated and treated unfairly”: Nursing students' experiences of being bullied in clinical and academic settings. *Journal of clinical nursing*, *27*(5-6), pp.903-912.

Einarsen, S., Raknes, B.R.I. and Matthiesen, S.B., 1994. Bullying and harassment at work and their relationships to work environment quality: An exploratory study. *European journal of work and organizational psychology*, *4*(4), pp.381-401.

Fevre, R., Lewis, D., Robinson, A., & Jones, T., 2012. *Insight Into Ill-Treatment in the Workplace : Patterns, Causes and Solutions*. Cardiff University School of Social Sciences.

Gilbert, P. and Irons, C., 2005. Focused therapies and compassionate mind training

Journal of Mental Health Training, Education and Practice

Journal of Mental Health Training, Education and Practice

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

for shame and self-attacking. *Compassion: Conceptualisations, research and use in psychotherapy*, pp.263-325.

Gilbert, P., 2009. *The compassionate mind*. Robinson.

Glambek, M., Skogstad, A. and, Einarsen, S., 2014. Take it or leave: a five-year prospective study of workplace bullying and indicators of expulsion in working life. *Industrial health*. *53*(2), pp. 160–170.

Hoel, H., Giga, S.I. and Davidson, M.J., 2007. Expectations and realities of student nurses' experiences of negative behaviour and bullying in clinical placement and the influences of socialization processes. *Health Services Management Research*, *20*(4), pp.270-278.

Hofmann, M. and Barker, C., 2017. On researching a health condition that the researcher has also experienced. *Qualitative psychology*, *4*(2), pp.139 –148.

Hoosen, I.A. and Callaghan, R., 2004. A survey of workplace bullying of psychiatric trainees in the West Midlands. *Psychiatric Bulletin*, *28*(6), pp.225-227.

Kamali, D. and Illing, J., 2018. How can positive and negative trainer feedback in the operating theatre impact a surgical trainee's confidence and well-being: a qualitative study in the north of England. *BMJ open*, *8*(2).

Kline, R. and Lewis, D., 2019. The price of fear: estimating the financial cost of bullying and harassment to the NHS in England. *Public Money & Management*, *39*(3), pp.166-174.

Lever, I., Dyball, D., Greenberg, N. and Stevelink, S.A., 2019. Health consequences of bullying in the healthcare workplace: a systematic review. *Journal of advanced nursing*, *75*(12), pp.3195-3209.

Lewis, S.E., 2006. Recognition of workplace bullying: A qualitative study of women targets in the public sector. *Journal of Community & Applied Social Psychology*, *16*(2), pp.119-135.

NHS Health Education England, 2019. *NHS Staff and Learners' Mental Wellbeing Commission.* Birmingham. Available at https://www.hee.nhs.uk/our-work/mental-wellbeing-report

NHS Staff Survey 2015. Available at https://www.nhsstaffsurveys.com/Page/1062/Past-Results/Staff-Survey-2015-Detailed-spreadsheets/

NHS Staff Survey 2016. Available at https://www.nhsstaffsurveys.com/Page/1019/Past-Results/Staff-Survey-2016-Detailed-Spreadsheets/

NHS Staff Survey 2017. Available at https://www.nhsstaffsurveys.com/Page/1100/Past-Results/Staff-Survey-2017-Detailed-Spreadsheets/

NHS Staff Survey 2018. Available at http://www.nhsstaffsurveys.com/Page/1056/Home/NHS-Staff-Survey-2018/

NHS Staff Survey 2019 (2020). Available at https://www.nhsstaffsurveys.com/Page/1085/Latest-Results/NHS-Staff-Survey-Results/

Quine, L., 2001. Workplace bullying in nurses. *Journal of health psychology*, *6*(1), pp.73-84.

Rai, A. and Agarwal, U.A., 2016. Workplace bullying: A review and future research directions. *South Asian Journal of Management*, *23*(3), pp.27 - 56

Journal of Mental Health Training, Education and Practice

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60

Randle, J., 2003. Bullying in the nursing profession. *Journal of advanced nursing*, *43*(4), pp.395-401.

Salin, D., 2001. Prevalence and forms of bullying among business professionals: A comparison of two different strategies for measuring bullying. *European journal of work and organizational psychology*, *10*(4), pp.425-441.

Samnani, A.K., 2013. Embracing new directions in workplace bullying research: A paradigmatic approach. *Journal of Management Inquiry*, *22*(1), pp.26-36.

Shah, S., Wood, N., Nolte, L., & Goodbody, L., 2012. The experience of being a trainee clinical psychologist from a black and minority ethnic group. A qualitative study. *Clinical Psychology Forum*, *232*, pp. 32-35

Stubbs, B. and Soundy, A., 2013. Physiotherapy students' experiences of bullying on clinical internships: An exploratory study. *Physiotherapy*, *99*(2), pp.178-180.

Whiteside, D., Stubbs, B. and Soundy, A., 2014. Physiotherapy students' experiences of bullying on clinical internships: a qualitative study. *Physiotherapy*, *100*(1), pp.41-46.

Wood, N. and Patel, N., 2017. On addressing 'Whiteness' during clinical psychology training. *South African Journal of Psychology*, *47*(3), pp.280-291.

Wood, S., Niven, K. and Braeken, J., 2016. Managerial abuse and the process of absence among mental health staff. *Work, employment and society*, *30*(5), pp.783-801.

Woodrow, C. and Guest, D.E., 2012. Public violence, staff harassment and the wellbeing of nursing staff: an analysis of national survey data. *Health Services Management Research*, *25*(1), pp.24-30.

Zapf, D., Escartin, J., Scheppa-Lahyani, M., Einarsen, S.V., Hoel, H. and Vartia, M., 2020. Empirical findings on prevalence and risk groups of bullying in the

Journal of Mental Health Training, Education and Practice

workplace. Einarsen, S., Hoel, H., Zapf, D. and Cooper, C. (Eds.), *Bullying and Harassment in the Workplace: Theory, Research and Practice*, Oxford: Taylor and Francis, pp.105-162.

Appendix: Semi-structured Interview Questions

Understanding the bullying experience and process

**What led you to decide to take part in the research?

**Without naming the specific service or organisation, could you tell me about the type of organisation you worked in? What was your experience of that organisation like in general?

**Can you tell me about your experience of bullying in the workplace?

- In what way…? What was that like? How did you feel about that?

**When did you start to think of it as 'bullying'?

- Were there any barriers to identifying the experience as bullying?

Were there any others who witnessed the (bullying) behaviour/interactions? How did they respond? How did that impact you?

Reporting

**Did you report your experiences formally?

If yes: **What helped you to report the bullying? **Were there any barriers to reporting?

Did you label your experience explicitly as 'bullying'? (Why?)

How did others respond to you reporting your experience of being bullied? How did that impact on you?

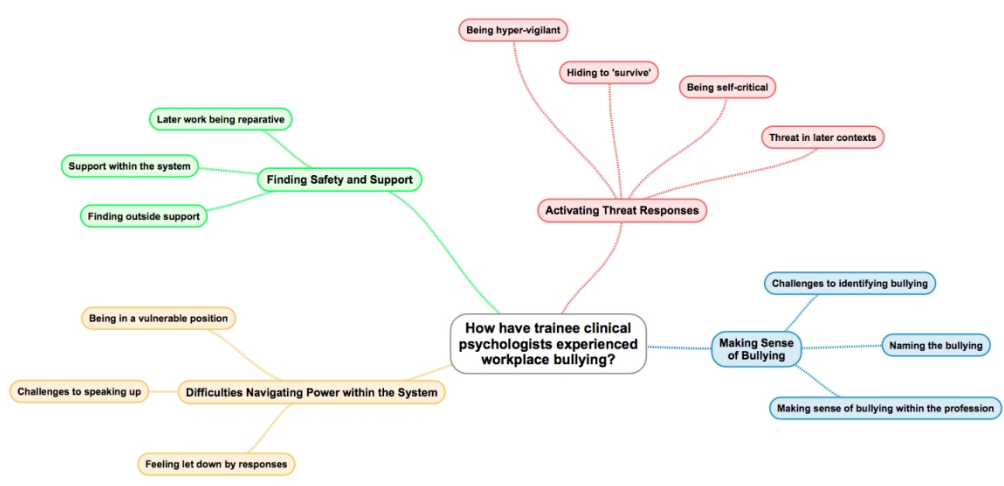
(If no: **Did you consider reporting it? Were there reasons why you didn't report it?)

Journal of Mental Health Training, Education and Practice

1
2
3 **How would others have ideally responded to your reporting of bullying?
4
5
6
7
8 Impact
9
10 **Can you tell me how the bullying impacted you at the time?
11
12 - Psychologically/emotionally (e.g. thoughts about yourself, others, work)
13
14
15 - Physically (e.g. sleep, appetite, sickness)
16
17 - Physiological (e.g. at the time – stress response, concentration)
18
19 - Relationships (at work and outside of work)
20
21
22 - Behaviourally (at work and outside of work)
23
24
25
26 **Can you tell me how the experience of bullying has affected you as a person now?
27
28
29 - thoughts about yourself, others, work
30
31 - behaviourally e.g. at work
32
33 - relationships/interpersonal
34
35
36
37
38 What have you learned from this experience?
39
40
41
42 **Reflections**
43
44
45 Do you have any suggestions as to how workplaces and training courses could
46
47 improve how they manage workplace bullying?
48
49 **Was there anything that was important for you that I did not cover today?
50
51
52 **How has it felt talking about this today?
53
54
55
56 ** Key questions to ask – other questions asked if time available within interview.
57
58 Prompt/follow-up questions below the questions may be used as appropriate.
59
60

Journal of Mental Health Training, Education and Practice

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60



How have trainee psychologists experienced workplace bullying?

505x238mm (72 x 72 DPI)

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60

Table I: Demographics of participants

Demographic information	**Number of participants**
Gender identity	
Female	12
Male	2
Age range	
25 – 29	1
30 – 34	9
35 – 39	3
40 - 44	1
Ethnicity	
Asian Indian	1
Mixed	1
White British	7
White European	1
White Irish	1
White (did not specify)	3
Year of Training/ Year since Qualifying	
Year 1	3
Year 2	2
Year 3 / Final year	4
First year after qualification	5

Journal of Mental Health Training, Education and Practice