Dignity at work in the NHS

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What is dignity?

Dignity is defined as a personal sense of worth, value, respect, or esteem that is derived from one's humanity and individual social position, as well as being treated respectfully and fairly by others.

The NHS People Plan reminds us to ensure that staff must feel valued, supported and empowered to carry out their work. Therefore, we must address any bullying and create compassionate and inclusive cultures which have implications on staff-health wellbeing, staff engagement and ultimately patient care.

Why are 'bullying and harassment' problems?

The 2020 NHS Staff Survey gives employers and national stakeholders invaluable understanding and awareness of the situation faced by the largest workforce in the UK.[1]

The Francis report highlighted the negative impact of improper working environments on patient safety.[2] Higher levels of bullying were linked to psychological distress, intentions to leave the job, self-reported sickness and reduced job satisfaction.[3]

Kline and Lewis described the cost of bullying and harassment to the NHS as £2.281bn per annum.[4] With a decade of underfunding, overt financial pressures, and the economic hit of a global pandemic, it is more important than ever for the NHS to address the associated costs of bullying and harassment.

What can workplaces do to change the culture of bullying and harassment?

Intervention on reports of bullying should take place at the earliest stage to avoid health deterioration in the victims.[5] Policies should be easily accessible and applicable to all employees.[6] Organisations should ensure there is a Freedom to Speak Up guardian within the system where concerns can be addressed confidentially and with no repercussions.[7] Staff need to be supported to 'whistle-blow' in order to tackle toxic culture.[8]

NHS trusts should be forced to publish anonymised data on complaints and independently audited data on key patient safety outcomes and performance indicators.[9] Systems should be in place to allow bullying and undermining to be reported without fear of recrimination.[10]

Purpose and methodology

Our purpose of this study is to find out all the particular qualitative determinants of dignity in the workplace in the NHS.

In the first stage, we looked into all WRES data from all NHS trusts published from 2016 to 2021, to look for top and bottom performers. We enquired whether these organisations have their dignity awareness policies widely available. We looked to see whether there was any corelation. We used statistical analysis to determine the significance.

In the second stage, we will try to get this project accepted by NHS England. We will form a questionnaire to interview relevant people in these trusts. We will require ethical committee clearance and funding by that time to continue the bulk of the project by next year. Initial part is a quantitative policy review. The next part, however, would be a more qualitative one.

Initial results

Initial data show that the better performers have more widely available policies than the under-performers, this may not be the only factor contributing to these performances. ■

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