

Who cares about the carers?

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I wonder how many of you have, like me, been bullied in the workplace?

My experience was being on the receiving end of aggressive management behaviour. It had a significant impact on me. As well as prompting me to think about issues of power and authority and its misuse or abuse, particularly within organisations, I also spent some time considering its effects on me psychologically and emotionally, and how that affected my practice. I would like to share something of this experience, in the hope that some of it might resonate with readers, and that I will find writing about it therapeutic.

I should say at the outset that this experience was in relation to my work in the NHS as a psychiatrist. The context is relevant since the kinds of behaviours that are tolerated within an organisation, including bullying, are a reflection of that organisation's culture.

It would obviously be unwise for me to share the details of my own experience; suffice to say, it probably arose from a complaint (the fact that I can only speculate says a lot about the way the situation was handled). It is certainly not unusual for psychiatrists' opinions, decisions and actions in relation to their clinical practice to be challenged, criticised or complained about. Psychiatry is full of diverse viewpoints, controversy and conflict, leading to variations in clinical practice, even if there is also pressure on clinicians to conform to mainstream ways of thinking and practice (for example, giving primacy to pharmacological treatments). How I wish

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someone had told me at the outset of my psychiatric training that one of the most useful things I could learn would be how to handle criticism and disagreement.

Psychiatrists and other mental health professionals will also inevitably be criticised and complained about due to the influence of extreme workload on their practice. Added to this are the siege mentalities that so easily develop when such pressures combine with complex organisational structures, ambiguous sets of criteria for who should be offered a service, as well as confusion about who should deliver it.

Returning to my experience then, perhaps it wasn't so much that my practice was questioned that was upsetting because, as I have indicated, this is something that is inevitable from time to time. What was deeply unpleasant was the manner and tone of the questioning. Simply, I felt I was 'in the dock', having to answer a series of charges, as though my guilt was assumed from the outset.

This kind of aggressive management style surely has no place in organisations whose ultimate concern is to provide care, where caring work by its nature already exacts heavy demands.

If criticism is sometimes warranted, it should be done constructively and within a

supportive framework. To my mind, though, one of the greatest tragedies is the way many NHS environments fail to provide the support and understanding staff need to do their job effectively – to provide environments that nurture compassion and kindness – qualities that cannot simply be taught or galvanised by mission statements.

What of the emotional consequences of bullying behaviours experienced in the workplace, or other contexts? I experienced to varying degrees all of the following: anger, anxiety, fear and paranoia. My confidence was undermined and I noticed defensive practice creeping in. It also took a great deal of resolve for me not to slip into a state of powerlessness. This is surely one of the most destructive consequences of bullying. Therapists will certainly be very familiar with clients' varied experiences of powerlessness and the mental distress this causes.

In the end what helped me was finding safe spaces to share my experience, process some of my emotional reactions and remind myself of the importance of self-care. Of course, self-care is easy to talk about but often hard to practise. For many of us working in the NHS, the challenges are at times quite formidable.

I know that my capacity to care about and for others is related to the degree to which I can love and care for myself. Like handling criticism, this is not something that is impressed upon trainee psychiatrists or other mental health professionals. It is a lesson I have to continually relearn, often thanks to my own therapy. ■