Regarding questions about prevention and more effective responses to problems, both groups gave a clear message of the need for zero tolerance, quick and effective action and the importance of prevention.

**Limitations**

We recognise that the groups assessed were quite small and that the findings of any one study should be viewed with caution. However, in light of previous research and other literature, organisations should take the findings seriously.

**Discussion**

The literature review and these results indicate that many healthcare staff experience and/or observe unacceptable levels of negative behaviour, with definite negative effects. It is imperative, particularly in light of increased reporting of negative behaviours in the NHS, that organisations view these problems more seriously, taking action to prevent and address problems.

This study clearly identifies that all negative behaviour causes damage to both individuals and organisations. There is an obvious greater effect when it is perceived as aggression, which is behaviour where there is clear intent to harm. Aggression was always classed as bullying, using the CSP (1997) definition. However, the more common, perhaps more subtle and ambiguous incivility, is still extremely damaging, as is lower frequency behaviour.

Incivility that is not classed as bullying has very similar levels of effect as incivility that is perceived as bullying. All negative behaviours should be considered when attempting to address problems of dysfunctional workplace behaviour and be acknowledged in organisational policy.

Ignoring incivility, which is not classed as bullying, misses an important and extremely damaging part of the picture.

Figs 3 identifies the balance of incivility and aggression and the perception, or not, of bullying within the overall term of negative behaviour, while Fig 4 reflects the relationship between incivility, aggression and bullying and increasing levels of negative effect.

**Conclusion**

In these PCTs, high levels of negative behaviour were experienced and/or witnessed, with damaging effects. Most of the behaviour was considered to be incivility and most was at a low frequency.

One key finding was that incivility not classed as bullying had similar levels of effect as incivility also perceived as bullying. Another was that “now and then” behaviour had similar levels of effect as more frequent behaviour. Aggression caused greater effect and was always classed as bullying.

It is clear from the findings that focusing on bullying alone misses part of the picture and focusing on high frequency negative behaviour only also distracts from dealing with the full range of damaging behaviours. We also conclude that definitions for bullying should not include references to intent, frequency, persistency or exclusions of one-off incidents.

The perception of bullying is perhaps irrelevant; what actually counts is the negative experience. Even tolerating low levels of incivility can cause problems and leave teams and organisations dysfunctional with implications for quality of patient care. The focus needs to be on preventing the full range of negative behaviour – of workplace incivility, aggression and bullying.

**Recommendations**

To tackle negative behaviour effectively, organisations need to take action in three key areas of leadership, policy and practice (see Practice Points box for the last, p20).

**Leadership**

Leadership behaviour influences and impacts on the whole organisation. Ensuring staff health and wellbeing must be seen as a priority at board level. Leaders and managers need proactively to develop a culture that does not tolerate negative behaviour. While this is the responsibility of all managers, there must be a clear message from the top of the organisation that negative behaviours are unacceptable. Without this there will be no change in the NHS.

The most effective leaders/managers are those who show a genuine concern for others’ wellbeing, as well as modelling key positive qualities, including: the ability to communicate and inspire; empowering