PEER REVIEW HISTORY

BMJ Open publishes all reviews undertaken for accepted manuscripts. Reviewers are asked to complete a checklist review form (see an example) and are provided with free text boxes to elaborate on their assessment. These free text comments are reproduced below. Some articles will have been accepted based in part or entirely on reviews undertaken for other BMJ Group journals. These will be reproduced where possible.

ARTICLE DETAILS

TITLE (PROVISIONAL)	Workplace bullying in the UK NHS: A questionnaire and interview study on prevalence, impact and barriers to reporting
AUTHORS	Carter, Madeline; Thompson, Neill; Crampton, Paul; Morrow, Gill; Burford, Bryan; Gray, Christopher; Illing, Jan

VERSION 1 - REVIEW

REVIEWER	Peter Cantillon Professor of Primary Care NUI Galway Ireland
REVIEW RETURNED	15-Feb-2013

THE STUDY	No patients in this study
GENERAL COMMENTS	I have a few points for the authors to consider: 1. this study does to some extent repeat the findings of an earlier study - The study finds that nothing has changed - authors need to make a "so what and who cares" argument 2. One of the key benefits of publishing this study is to make readers aware of the survey tool that outlines the 22 bullying / negative interpersonal behaviours. The list serves to broaden the definition of bullying and could be a very useful organisational development tool. 3. the authors need to acknowledge potential self selection bias in a 46% response rate - Are they more likely to represent persons who were or are being bullied? 4. Authors need to explain the qualitative analysis in more detail 5. the qualitative data could be better used to explore and illustrate issues like culture, environment and barriers 6. I wonder if the association between stress levels and bullying could be two way effect; ie are stressed people more likely to be bullied?

REVIEWER	Michelle Kaminski, Ph.D. School of Human Resources and Labor Relations Michigan State University United States I have no financial relationship with any organization that might have an interest in the work.
REVIEW RETURNED	19-Mar-2013

GENERAL COMMENTS	This is a well-constructed study of an important topic. The manuscript is well-written and presents the results clearly. However, I do see some additional limitations:

	1. The results of this study are consistent with other research on the topic. In many ways, this is encouraging. However, the manuscript does not add much that is new to the psychological literature on bullying. Its value may be in presenting information about bullying to a medical audience that is less familiar with the psychological research. 2. The results regarding differences in frequency of bullying by race, gender, and disability status are interesting. However, I believe it would be a better use of the measure to focus on differences overall (i.e., on a scale that includes all 22 measures), rather than on the 22 separate items. But if the authors feel strongly enough to include differences on the 22 separate items, it would be helpful to have a discussion of why those specific items -- and not others -- are different for the various groups. 3. Are any of the survey respondents union members? If so, did they report the bullying to their union? If they did, what was the response?

VERSION 1 – AUTHOR RESPONSE

Prof. Peter Cantillon, Reviewer

1. This study does to some extent repeat the findings of an earlier study - The study finds that nothing has changed - authors need to make a "so what and who cares" argument
We have extended the discussion to emphasize the value of the research. This includes additional references to the Francis Inquiry and the review of NHS Lothian; highlights the value of a mixed-methods approach which extends previous research by examining barriers to reporting bullying; and notes the recent increase in bullying reported in the 2012 NHS staff survey results.

2. One of the key benefits of publishing this study is to make readers aware of the survey tool that outlines the 22 bullying / negative interpersonal behaviours. The list serves to broaden the definition of bullying and could be a very useful organisational development tool.
Thank you for noting that a key benefit of this study is to increase awareness of the NAQ-R tool for organisational development purposes. We have added this as a practical implication of the research in the discussion section.

3. The authors need to acknowledge potential self selection bias in a 46% response rate - Are they more likely to represent persons who were or are being bullied?
We have acknowledged the risk of a self-selection bias due to the response rate in the limitations section. We have also noted that comparable results have been reported in other research and by large scale surveys which do not focus exclusively on workplace bullying (the annual NHS staff survey).

4. Authors need to explain the qualitative analysis in more detail
We have added more detail about the qualitative methodology and expanded the results section.

5. The qualitative data could be better used to explore and illustrate issues like culture, environment and barriers.
We have included additional quotes in the results section and expanded the discussion to further explore barriers to reporting bullying and the role of workplace culture.

6. I wonder if the association between stress levels and bullying could be two way effect; ie are stressed people more likely to be bullied?
We have added a discussion on the direction of the relationships between bullying and psychological wellbeing. However, we have noted that the evidence is mixed, and that qualitative and longitudinal data suggest that bullying is a cause, rather than a consequence, of negative outcomes.

Dr. Michelle Kaminski, Reviewer

1. The results of this study are consistent with other research on the topic. In many ways, this is encouraging. However, the manuscript does not add much that is new to the psychological literature on bullying. Its value may be in presenting information about bullying to a medical audience that is less familiar with the psychological research.
As described above (Prof. Cantillon comment 1), we have extended the discussion to emphasize the value of the research.

2. The results regarding differences in frequency of bullying by race, gender, and disability status are interesting. However, I believe it would be a better use of the measure to focus on differences overall (i.e., on a scale that includes all 22 measures), rather than on the 22 separate items. But if the authors feel strongly enough to include differences on the 22 separate items, it would be helpful to have a discussion of why those specific items -- and not others -- are different for the various groups.
This study sought to understand bullying at the behavioural level, noted as a benefit by Prof. Cantillon (comment 2). As such, we feel it is informative to highlight group differences at the behavioural level. We agree with Dr. Kaminski that the overall results represent the key findings, hence the behavioural level differences are noted in Table 3, but the differences are not described individually (with statistical analyses) in the text. We did not collect data on why each of the 22 behaviours did or did not show a group difference and the reasons are unclear. However, presenting the data we do have could contribute to further research on the reasons for these differences. We also felt that a discussion of the 66 comparisons (22 behaviours by gender, ethnicity and disability status), particularly when not supported by data, would be somewhat unwieldy. However, in response to Dr. Kaminski's comment, we have added some text in the discussion highlighting that staff with disabilities experienced higher levels of all behaviours except those that could be construed as more overt bullying (e.g. threats of violence, excessive teasing and sarcasm), and that male staff experienced higher levels of all behaviours except some that could be considered more socially excluding and covert work-related behaviours (e.g. withholding information, being ignored). We have not discussed the differences in ethnicity status as no overall difference was found.

3. Are any of the survey respondents union members? If so, did they report the bullying to their union? If they did, what was the response?
Unfortunately, we did not ask participants about their union membership, whether they reported bullying to their unions, or about any outcomes of union involvement. Although it would be interesting to know more about union involvement, we felt that our questionnaire was already relatively long and we wanted to maximise the response rate. In general, NHS organisations are fairly unionised and this could be an avenue for future research.