Lothian NHS Board

Waverley Court
4 East Market Street
Edinburgh
EH8 8BG

Telephone: 0131 536 9000
www.nhslothian.scot.nhs.uk

Date: 11/09/2026
Our Ref: 11752
Enquiries to loth.freedomofinfomation@nhs.scot

Dear

FREEDOM OF INFORMATION – HR POLICIES AND PROCEDURES

I write in response to your request for information in relation to Human Resources policies and procedures in NHS Lothian.

Question:

1. Local policies and procedures

a) The current grievance and bullying/harassment policy applicable to staff and trainees within NHS Lothian, and the version in force between January and July 2026.

Answer:

NHS Lothian uses national NHS Scotland Bullying and Harassment and Grievance Policies which are available online here: Bullying and Harassment https://workforce.nhs.scot/policies/bullying-and-harassment-policy-overview/; Grievance https://workforce.nhs.scot/policies/grievance-policy-overview/

Question:

b) The current occupational health referral policy, and any policy governing how reasonable adjustment requests raised via occupational health are recorded, escalated and actioned.

Answer:

Occupational Health referrals are made according to the NHS Scotland Attendance policy, which can be found online here: https://workforce.nhs.scot/policies/attendance-policy-overview/attendance-policy/#referralstooccupationalhealthserviceohs24

Question:

c) The current Freedom to Speak Up (or equivalent whistleblowing) policy applicable within the relevant directorate.

Answer:

The NHS Scotland Whistleblowing policy can be found online here: https://workforce.nhs.scot/policies/whistleblowing-policy/.

Question:

d) Any local Equality Impact Assessment carried out in relation to workforce or trainee-related decisions within the Obstetrics and Gynaecology and Paediatrics & Neonatology department, in the last twenty years.

Answer:

This information is not collected centrally. Equality Impact Assessments may have been carried out for particular policy changes over the last twenty years, but information about these would be kept as part of each individual policy change, and would not have been retained for this period of time.

Question:

2. Aggregate, anonymised statistics (last twenty years, or since records began if shorter)

a) The number of formal grievances or discrimination complaints raised by staff or trainees within the Obstetrics and Gynaecology and Paediatrics & Neonatology department, and their outcomes.

Answer:

5 formal grievances have been raised in these areas. These are a mix of resolved and ongoing cases, but none of them relate specifically to discrimination.

Question:

b) The number of occupational health referrals relating to disability or reasonable adjustments within the Obstetrics and Gynaecology and Paediatrics & neonatology department, and how many resulted in adjustments being implemented versus declined, where this data is held.

Answer:

This information is not collected centrally as referrals are coded by the Occupational Health Team according to diagnosis rather than by outcome or intervention. Information will be held in individual staff records, but in order to provide the information you request it would be necessary to review each confidential staff record over the period you have specified, requiring significant resources. Under section 12 of the Freedom of Information (Scotland) Act 2002, NHS Lothian is not required to respond to your request if the resources required to do so equate to more than £600 in cost.

Question:

c) Staff survey or culture survey results (e.g. NHS Staff Survey or local equivalent) broken down by department, specifically for Obstetrics and Gynaecology, relating to questions on discrimination, bullying, harassment, or fairness of treatment, for the last five years.

Answer:

Women's Services hired an external consultancy to run an overall assessment of workplace culture in 2025. The report is attached.

Question:

d) Any data held on staff turnover or exit reasons within the Obstetrics and Gynaecology and Paediatrics & Neonatology department, broken down by ethnicity and disability status where this is recorded.

Answer:

This information is not recorded centrally. Information may be held in individual staff records, but in order to provide the information you request it would be necessary to review each patient record over the period you have specified, requiring significant resources. Under section 12 of the Freedom of Information (Scotland) Act 2002, NHS Lothian is not required to respond to your request if the resources required to do so equate to more than £600 in cost.

Question:

3. Prior complaints, reports and reviews

a) Any formal complaints, Freedom to Speak Up submissions, or whistleblowing reports relating to the culture, management, or conduct of staff within the Obstetrics and Gynaecology and Paediatrics & Neonatology department in the last twenty years. I understand you may need to redact the names of complainants or other individuals, and I am content to receive redacted versions.

Answer:

Formal complaints are received from patients and public rather than staff. No complaints from patients and public relevant to your request have been identified in the past four years.

The Freedom to Speak Up scheme operates in NHS England. The NHS Scotland equivalent is the National Whistleblowing Standards, in force from 1 April 2021. Our recording arrangements date from that point, and we do not hold information of this type for the period before this. In accordance with section 17 of FOISA, this constitutes formal notice that the information is not held for that period.

From 1 April 2021 to date, fewer than five concerns were raised in relation to the services named. I am not able to release the exact number, as due to the small number and the specific services identified, disclosure would create a risk of identifying the individuals involved. Those raising concerns do so with a legitimate expectation of confidentiality, and disclosure would breach the first data protection principle at Article 5(1)(a) of the UK GDPR. Section 38(1)(b) is absolute and not subject to the public interest test.

Question:

b) Any internal or external review, audit, or inspection report relating to workplace culture, bullying, or discrimination within the Obstetrics and Gynaecology & Paediatrics & Neonatology department in the last twenty years.

Answer:

Please see the attachment provided in answer to question 2c above.

Question:

4. Governance

a) Whether staff and managers within the Obstetrics and Gynaecology and Paediatrics & Neonatology department have received unconscious bias, equality and diversity, or reasonable adjustment training, and the dates of any such training.

Answer:

We do not have a database containing information of all training dates offered, however all staff across Women's and Children's services have opportunities to take part in Active Bystander Training, Equality, Diversity and Inclusion in NHS Lothian, Disability and Reasonable Adjustments etc. As an example, the NHS Lothian Equality and Human Rights Team lists the following courses that are available in the next couple of months. These sessions are open to all NHS Lothian staff to attend:

11/08/2026 Equality, Diversity and Inclusion
01/09/2026 Learning how to do and use Equality and Children's Rights Impact Assessment
08/092026 Cultural Humility for Everyday Practice
14/10/2026 Gypsy/Travelled Inclusive Healthcare
28/10/2026 Anti-racism

All staff also complete a mandatory eLearning module on Equality and Diversity.

Question:

b) Terms of reference and membership of any local committee or panel involved in raising or resolving workplace grievances within the department.

Answer:

These decisions are made as part of the Employee Relations processes and there are no bespoke groups with specific Terms of Reference that can be provided.

I hope the information provided helps with your request.

If you are unhappy with our response to your request, you do have the right to request us to review it. Your request should be made within 40 working days of receipt of this letter, and we will reply within 20 working days of receipt. If our decision is unchanged following a review and you remain dissatisfied with this, you then have the right to make a formal complaint to the Scottish Information Commissioner within 6 months of receipt of our review response. You can do this by using the Scottish Information Commissioner's Office online appeals service at https://www.foi.scot/appeal. If you remain dissatisfied with the Commissioner's response you then have the option to appeal to the Court of Session on a point of law.

If you require a review of our decision to be carried out, please write to the reviewer at the address at the top of this letter. The review will be undertaken by a Reviewer who was not involved in the original decision-making process.

FOI responses (subject to redaction of personal information) may appear on NHS Lothian's Freedom of Information website at: https://org.nhslothian.scot/FOI

Yours sincerely

ALISON MACDONALD
Executive Director of Nursing Midwifery and AHPs
Cc: Chief Executive

zuhra

Workplace Culture Report

NHS Lothian

Women's Services NHS Lothian

April 2025

Workplace Culture Report
Women's Services NHS Lothian

AUTHORS

Dr Susan Hetrick
CEO, Zuhra Consulting

Professor Graeme Martin
Senior Adviser to Zuhra Consulting

Andrew Penker
Consultant, Zuhra Consulting

CONFIDENTIALITY

This report observed a strict code of research ethics, covering confidentiality, data storage and privacy. No individual is named or traceable in this report. Data is stored in secure files and only accessible to the researchers. Participation was entirely voluntary, and participants were all made aware of their rights to withdraw at any time from the research.

DISCLAIMER

This report has been prepared based on the interpretation and analysis of data provided. The authors have made every reasonable effort to ensure that the information presented is accurate, balanced, and reflective of the available data.

While we have endeavoured to present an impartial and well-informed perspective, our interpretations, conclusions, and any potential errors or omissions remain our responsibility. This report should not be considered definitive and is intended for informational purposes only. Readers are encouraged to exercise their own judgment and seek additional verification where necessary.

The authors accept no liability for any decisions, actions, or outcomes arising from the use of this report.

DATA PROTECTION COMPLIANCE STATEMENT

The data provided by NHS Lothian was collected, processed, and shared in strict adherence to all applicable UK data protection laws and regulations. This includes, but is not limited to:

- The UK General Data Protection Regulation (UK GDPR)
- The Data Protection Act 2018
- The Privacy and Electronic Communications Regulations (PECR) (where applicable)

All necessary safeguards and security measures have been implemented to ensure the highest level of data protection, confidentiality, and integrity. The data has been shared solely for its intended purpose, in compliance with the relevant legal basis, and with full respect for data subject rights.

The demographic categories presented in the survey and used for the purposes of analysis were provided by NHS Lothian. These categories included: location, age, gender, job family, sub-job family etc.

01 Contents

02
Executive Summary

Zuhra Consulting was invited to review the workplace culture in Women's Services (WS) by NHS Lothian. Previous research conducted in the NHS shows that positive workplace cultures are key to excellent performance outcomes and high levels of staff well-being. Concerns were raised, however, by NHS Lothian concerning how workplace culture was impacting staff well-being. Thus, our focal research question focused on how staff make sense of workplace culture in WS and how it can be changed to meet staff expectations and needs. Our review encompassed three research interventions to provide a full and robust analysis of the culture, and get under the 'skin', using Zuhra's RESPECT framework. The report presents and analyses the data using this research-based model of workplace culture developed by the lead author of this report[1].

To the great credit of staff and managers, we found several positive characteristics of workplace culture within WS. These perceptions were particularly evident in peer support, teamwork, and collaboration among frontline staff. Midwives, doctors, and clinical teams remain committed to providing high-quality patient care, with a strong sense of 'calling', often going beyond their responsibilities to compensate for what they regarded as organisational shortcomings. We also found workplace culture is experienced differently, according to the job role, work status and location.

In general, the findings point to a fragmented workplace culture under significant strain with excessive work pressures. This is due in part to resource shortages, staff turnover, and a perceived lack of leadership engagement. Importantly, staff exhibit a strong sense of purpose; yet their engagement and well-being were seen to be negatively impacted by perceptions of what is often referred to as 'workplace toxicity' comprising degrees of antagonistic behaviours, harassment, micro-aggressions, bullying and perceptions of unfair treatment. These perceptions were also associated with unrealistic expectations of staff and a lack resources, which can lead to stress, burnout, high turnover and disengagement from work.

Like many recent studies of workplace culture in the NHS, there were marked expressions of a disconnect between senior management and staff, which has led to further frustration, disengagement, and to perceptions of distrust. Staff generally perceived leadership to be disengaged and unresponsive, with reports of favouritism, bullying, and a failure to address systemic concerns.

The survey data suggests staff in midwifery experienced greater challenges from the more negative aspects of the workplace culture, including the excessive pressures for performance. The senior management team was often seen by participants in the study as critical and reprimanding, and at times, out of touch rather than supportive and engaging.

Using Hetrick's (2023) Organizational Culture Model, our findings suggest Women's Services is in danger of falling within the scope of "Pervasive Toxicity", at least as perceived by staff who took part in this study. This cultural category is characterised by a high level of dissonance between leadership values and actions and an increasing normalisation/acceptance of potentially toxic behaviours. Thus, while leaders seek to promote values such as fairness, respect and inclusivity, their actions are not interpreted by most staff as aligning with these values. Moreover, toxic behaviours—including bullying, favouritism, and poor psychological safety—are becoming embedded in the workplace culture.

02
Executive Summary (continued)

While we acknowledge the potential for *attributional error* among respondents whereby individuals tend to overemphasise internal, dispositional factors - like leadership styles and character - when explaining organisational behaviour, while underemphasising external, contextual factors. Our findings, however, evidence staff perceptions – which are real in their consequences - of a need for intervention across the RESPECT framework (Hetrick, 2023)[2] including improving resources, structural improvements and greater efforts by leaders to engage with staff to meet their expectations. Without such interventions, WS risks worsening staff retention issues, and reducing morale. The findings highlight the urgent necessity for senior management to take decisive action in addressing workplace culture challenges, improving communication, and fostering a more supportive and positive working environment. Our recommendations underpin the interventions required to strengthen the workplace culture and enable more colleagues to recommend NHS Lothian as a 'good place to work' with greater frequency and vigour.

Respect Framework	Recommendations
Recognition and Realignment of Values	Focus on strengthening values of Respect and Integrity.
Enable Psychological Safety	Strengthen a culture of psychological safety though HR support.
Strengthen and Enable Leadership to act as Role Models	Improve the operating structure: governance, roles & responsibilities; strengthen leadership operating effectiveness; back to the floor initiatives.
Promote and Align HR Practices and Policies	Increase professional HR resource to manage and guide on ER operational issues and support the workplace culture.
Elevate Well Being	Focus on reducing excessive pressures through allocation of resources; collaboration and learning initiatives.
Call Out Toxic Behaviours	Zero-tolerance approach to bullying and harassment; mandatory training and code of conduct.
Transform Career Development and Learning	Focus on career development and professional recognition programmes through 'growth mindset' approach.

03 Methodology

We used a mixed methods approach, which is often seen as a 'gold standard' for evaluation research, triangulating quantitative and qualitative data. In-depth interviews were conducted with 24 key informant senior staff selected by Women's Services during December 2024. These were followed up by focus groups held between 20-23rd January 2025, bring together 97 staff across grades and job families. Focus groups are useful in producing data where staff come to a collective view that reflects how real-life perceptions are formed. Finally, a survey of WS culture was distributed to 1195 staff on 16th December and closed on 27th January. This survey was completed by 53% of staff, which in line with published peer-reviewed surveys, enabling us to be reasonably confident about generalising from this sample to the population of staff in Women's Services.[3]

Taken together, these three different methods of data collection and different types of data provide a more comprehensive understanding of the organisational culture in Women's Services than would be possible using one method alone. By identifying findings from the different sources and then comparing them, we were able to identify similarities and differences. We are also confident that our exposure to staff through the qualitative data collection has given us sufficient insight to be able to contextualise and help explain the survey data and vice versa.

Table 1:
Overview of the Research Approach conducted between December 2024 - January 2025

1-1 Interviews **24 key stakeholders**	+	**15 Focus Groups** **With 97 participants** **Across 3 sites** (RIE, SJH, Community)	+	**Women's Culture Survey** **1,195 staff invited** **53% response rate**

3.i Interviews with Senior Staff and Key Stakeholders

In-depth individual interviews were held with members of the Senior Management team and others regarded by the report sponsors' to be key stakeholders or key informants. All interviews guaranteed full confidentiality. We used a semi-structured methodology where participants were asked about their perceptions of various aspects of workplace culture and the impact of the workplace culture on personal well-being and inclusion. They were also asked to make recommendations to improve the workplace culture.

3.ii Focus Groups

Focus groups were conducted across three sites; the Royal Infirmary of Edinburgh, St John's Hospital in Livingston; and Craigmillar Medical Practice, Edinburgh, and held from 20-23 January 2025. In total, 97 members of staff participated in the Focus Groups. These sessions were categorised by bands and departments to create a safe space for participants to share their experiences and observations more freely. Each focus group was conducted using a structured approach to questioning. The focus

03
Methodology (continued)

groups were scheduled for 90 minutes. Participants were invited to attend the focus group based on their job role and location. This process enabled participants to provide a shared perspective of their experience for the workplace culture following extensive discussion. The main benefit of focus groups is that they reflect how people come to hold perceptions through interactions and discussion rather than as individuals per se.

The structured format covered the following:

1. **An icebreaker** – Participants were asked to choose a visual image from more than 200 cards to describe how they were feeling about work.
2. **Subgroup exercise** – Participants were divided into groups with no more than 4 participants to explore the current state of the workplace culture. This exercise asked participants to respond to four questions: what is going well; what could be better; what to stop doing; what to keep doing.
3. **Values exercise** – This exercise asked participants to select 4 'values' cards. These values are based on research from MIT regarding the corporate values.[4]
4. **Shadow Behaviours** – This exercise looked at the behaviours that are linked to the shadow or toxic elements of workplace culture. Participants were asked to select if they saw any of the behaviours to be manifest in the workplace, and if so, to rank them by frequency.

A Zuhra Consulting Researcher took notes of Focus Group sessions, while respecting participant confidentiality. Informed consent was agreed in advance with all participants. The notes were not attributed to protect anonymity and ensure de-identification.

3.iii The Culture Survey

The Culture Survey was conducted to measure staff perceptions of workplace culture. The survey questions were adapted to suit the NHS context. The survey was managed by Peachy Mondays, a third-party vendor, who subscribed to our ethical requirements and practice.

- Survey duration: 16 December 2024 to 27 January 2025
- 1195 members of staff were invited to participate (*via email or secure QR code*)
- 632 members of staff participated – 53% response rate
- Demographic data was prepared and collated by NHS Lothian

Participants were able to access the survey through a personalised link attached to their email or via a QR code that requested data to ensure security. Data provided by NHS Lothian was uploaded to identify the following demographics, including job role/band, location, length of service and gender. Confidentiality was assured that no results are provided where there were less than 5 responses. The survey asked 64 questions using the Likert scale. The survey measured a set of eight questions that

03
Methodology (continued)

are correlated with workplace culture and are linked to toxicity. There was an opportunity to respond to four free text questions. The survey explored three main dimensions: culture and values, shadow/toxic behaviours, and drivers of staff engagement: advocacy, inspiration, purpose, and opportunity.

The survey participants were predominantly female (92%), with 73% (468) of participants from the Nursing Job Bands 1-8+. Demographic data included: by Division, by Directorate, by Length of Service, by Job role, by Age, by Contract Type and by Location. A full report for the survey is provided separately.

Table 2:
Survey data by Job Family showing response rates

	Overall	AHP Bands 5+	Admin Services	GENERAL PRACTICE	Healthcare Sciences	Medical	NEONATOLOGY	Nursing Band 1-4	Nursing Band 5-7	Nursing Band 8+	OBSTETRICS AND GYNAECOLOG	Other Therapeutic	Senior Managers	Support Services
# Invited	1195	1	85	8	15	101	25	163	695	9	45	2	17	1
# Responses	632	1	45	1	6	63	3	66	396	6	16	1	15	1
Response Rate (%)	53	100	53	13	40	62	12	40	57	67	36	50	88	100

The table below shows that Midwifery (Midwives) form nearly half of all invited participants, 48.5%, with a 64% response rate. Neonatal Nursing Direct had a response rate of 34%, Neonatal Nursing Indirect, 20%.

Table 3:
Survey data by Sub Job Family showing response rates

	Overall	BIOMEDICAL SCIENCES LIFE	CLINICAL SCIENCES LIFE	Corporate	FY2 or GPST	GENERAL ACUTE NURSING	GENERAL SERVICES	MIDWIFERY DIRECT CC	MIDWIFERY INDIRECT CC	Medical	NEONATAL MIDWIFERY DIRECT CC	NEONATAL NURSING DIRECT CC	NEONATAL NURSING INDIRECT CC	OFFICE SERVICES	PAEDIATRIC NURSING	PATIENT SERVICES	PHYSIOTHERAPY	PSYCHOLOGY	Post CCST	SPECIALIST NURSING	ST1-2	ST3-5	ST6-7	STORES SERVICES
# Invited	1195	7	8	3	19	110	1	580	3	104	6	161	10	47	2	39	1	2	2	4	22	24	11	1
# Responses	632	3	3	1	2	44	1	371	2	66	3	54	2	32	1	14	1	1	-	-	5	7	6	1
Response Rate (%)	53	43	38	33	11	40	100	64	67	63	50	34	20	68	50	36	100	50	-	-	23	29	55	100

03
Methodology (continued)

The survey reported responses to the questions from strongly agree to strongly disagree. The table below shows the reporting for the CQ Values and Drivers in Table 4.

Table 4:
Example Reporting for CQ Value and Driver questions

Re	I am treated with respect by my manager	19	44	20	10	7	63

% Strongly Agree · % Agree · % Neither Agree nor Disagree · % Disagree · % Strongly Disagree

The coding is reversed for the TOXIC CQ questions to reflect the negative polarity of the questions as per Table 5.

Table 5:
Example reporting for Toxic CQ questions

TXC	I often feel under excessive pressure to perform in my work	14	15	34	37	14

% Strongly Disagree · % Disagree · % Neither Agree nor Disagree · % Agree · % Strongly Agree

04
Workplace Culture Findings

Workplace culture can be defined in terms of how people expect to be, and are treated within the workplace, how decisions are made, how people communicate with each other, and where and how resources are allocated. Organisations tend to use 'values' as a shorthand to describe their workplace culture. Staff in healthcare also engage with work for other reasons, including their motivations, sense of purpose, and sense of who they are in terms of identity and career. Yet, there is also the shadow or 'dark side' to workplace culture that is often manifested through individual and corporate behaviours with performance pressures acting as a key stimulus to toxicity in the workplace. This dark-side has been a feature of many recent reports of workplace culture in the NHS, which reflect the ever- increasing demands/ expectations placed on the system, unmatched by the resources made available. So, in one sense, the findings are unsurprising but nevertheless significant for the staff and leaders involved.

We begin this section with a review of the qualitative findings from the senior management and stakeholder interviews and the focus groups. These are followed by the quantitative findings from the survey.

Qualitative Findings

We need to emphasise at the beginning, positive perceptions were evident among many staff. These included strong peer support, commitment to patient care (calling), and pockets of good teamwork. Such good news provides the basis on which to build a strong foundation. A commitment to patients and strong relational coordination among teams is the *sine qua non* of positive workplace cultures

However, we often learn more from failings than successes, which were evident in our research. These revealed a complex and challenging set of issues within WS. Senior leaders and managers described a stressed and strained environment characterised by poor communication, lack of trust, evidence of distrust, and significant operational challenges. Many participants highlighted a disconnect between management and frontline staff, with concerns about the visibility and approachability of senior leadership. There were reports of dysfunctional relationships between key roles leading to confusion and miscommunication.

Staffing issues were also a recurring theme, with concerns expressed about shortages, high workloads, and difficulties in retaining experienced staff. Most participants voiced frustration with the bureaucratic nature of the organisation, which they felt disempowered local teams. These issues contributed to a sense of many staff feeling undervalued and unsupported in their roles. There was also a call for addressing what we define as toxic behaviours and for creating a more psychologically safe environment for raising concerns. Participants expressed a desire for meaningful change, including better support for staff, improved communication, and a more collaborative approach to decision-making.

The focus groups further illustrated a fragmented and challenging workplace culture, evidenced by concerns about high levels of stress and a perceived divide between staff according to job roles or by location, with senior management often viewed as disconnected from frontline workers. Many participants felt undervalued and unsupported, citing issues such as poor communication, lack of career development, recognition, and insufficient resources.

04
Workplace Culture Findings (continued)

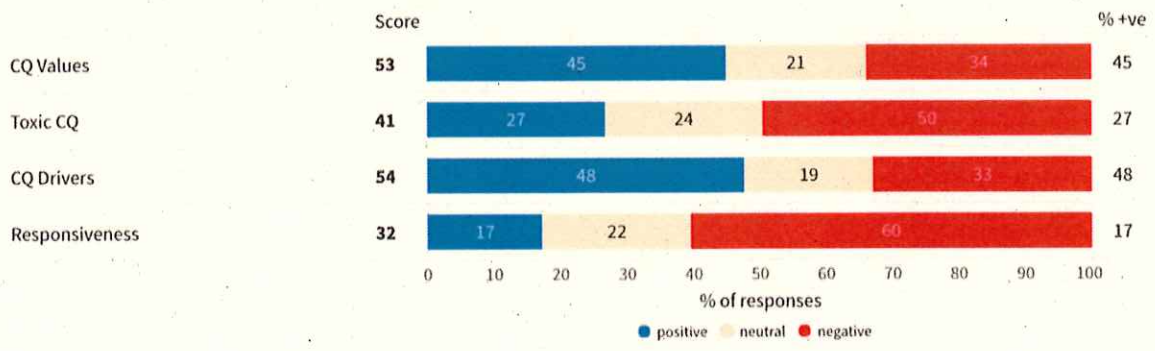
While positive perceptions of the workplace culture were also raised, including good peer support, successful initiatives like postnatal contraception programs, and improvements in facilities, e.g. a new coffee room, a lack of visibility and support from senior management was a recurring theme. Thus, many staff felt leaders were unaware of the 'real' (to them) issues on the ground. The weight of evidence, suggested positive articulations were often overshadowed by larger systemic issues concerning a lack of resources, unrealistic targets and demands, etc. The focus groups also revealed concerns about toxic behaviours, including instances of disrespect, a lack of inclusivity, and even reports of sexual harassment and misogyny. Logistical challenges, such as parking issues and inadequate facilities, were highlighted as significant stressors for staff. The groups also discussed the impact of recent tragic events, including the deaths of a mother and a baby, which had heightened tensions and scrutiny within the service. Overall, our sensemaking of the focus groups was of a workforce under significant pressure, struggling with the systemic issues and challenges facing the NHS in Scotland, and seeking cultural and structural changes to improve morale and staff retention.

Triangulating the data from WS focus groups and the senior management and stakeholder interviews paints a picture of a workplace grappling with significant challenges. The stakeholder interviews emphasised an environment under strain with tensions and dysfunctional relationships among several senior role holders. The WS focus groups, while evidencing strong peer support and teamwork, raised concerns about toxic behaviours (e.g., disrespect and non-inclusive practices). In summary, the qualitative findings speak to deep-seated emotional and relational challenges associated with workplace culture and endemic systemic and structural challenges facing NHS Lothian.

Survey Findings

The survey examines the three major components: Organisational Values (CQ Values), Drivers of Engagement (CQ Drivers), and Toxic Behaviours (Toxic CQ). Participants were asked to assess whether NHS Lothian will respond effectively to the survey feedback. Significantly, 60% of respondents disagreed/strongly disagreed that NHS Lothian would do so, signifying high levels of distrust and cynicism.

Table 6:
Overall Survey Findings



04
Workplace Culture Findings (continued)

4.i Organisational Values (CQ Values)

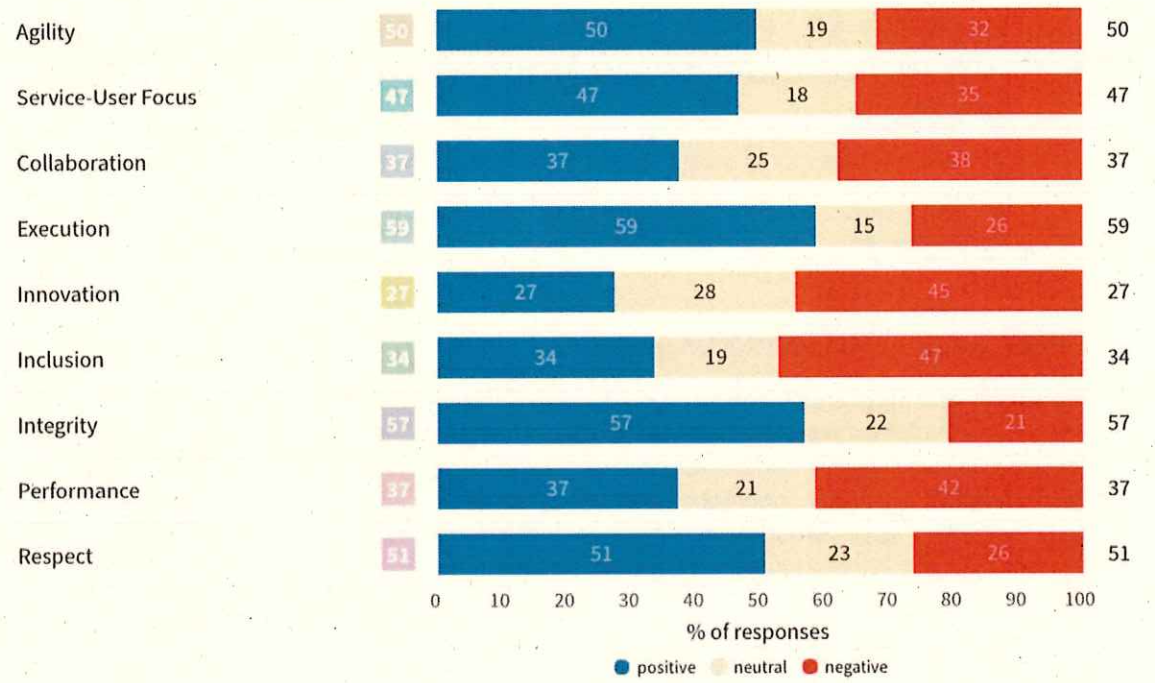
Values are internalised cognitive structures that guide choices by evoking a sense of basic principles of right and wrong, a sense of principles in how people are treated in the workplace and the priorities for performance. The survey measured nine values: Agility, Service User Focus, Collaboration, Execution, Innovation, Inclusion, Integrity, Performance, Respect[5].

Table 7:
CQ Value Definitions

Value	Definition
Agility	Colleagues respond quickly to changes in the environment and seize new opportunities
Service User Focus (Client Focus)	Colleagues put Service Users at the centre of everything they do, listening to them and prioritising their needs
Collaboration	Colleagues work well together within their team and across different parts of the organisation
Execution	Colleagues are empowered to act and have the resources they need, adhere to process discipline, and are held accountable for results
Innovation	The organisation pioneers novel products, services, technologies or ways of working
Inclusion	The organisation promotes a diverse and inclusive workplace where no one is disadvantaged, and differences are celebrated
Integrity	Colleagues consistently act in an honest and ethical manner
Performance	The organisation rewards results and deals effectively with underperforming colleagues
Respect	Colleagues demonstrate consideration and courtesy for others, and treat each other with dignity

04
Workplace Culture Findings (continued)

Table 8:
Survey Findings for CQ Values



The findings show that the values of Execution, Integrity, Respect, and Agility were the most positive in the organisation. However, Innovation, Inclusion, Performance, and Collaboration were the lowest positively scoring values, reinforcing the messages from the qualitative phases.

Staff responded positively to questions relating specifically to prioritising the needs of service-users (patients), commitment to delivering quality works, acting with integrity and being able to respond quickly to change (number in brackets refers to total % of strongly agree/agree responses).

- In my day-to-day work, I prioritise the needs of my service users to inform my work (89% strongly agree/agree)
- I can act with integrity at all times (87% strongly agree/agree)
- My colleagues are committed to doing quality work (85% strongly agree/agree)
- In my day-to-day work, I can respond quickly to change (81% strongly agree/agree)
- My colleagues respect and care about me as an individual (72% strongly agree/agree).

04
Workplace Culture Findings (continued)

The lowest scoring questions related to the negative perceptions of the senior leadership team and dealing with under-performance. For example:

- Our senior leaders are genuinely interested in the opinions of all staff (17% strongly agree/agree)
- I see senior leaders putting patients and staff at the centre of everything we do (19% strongly agree/agree)
- Senior leaders respond quickly to external change and pressures (18% strongly agree/agree)
- Women's Services deals appropriately with under-performing colleagues (7% strongly agree/agree)

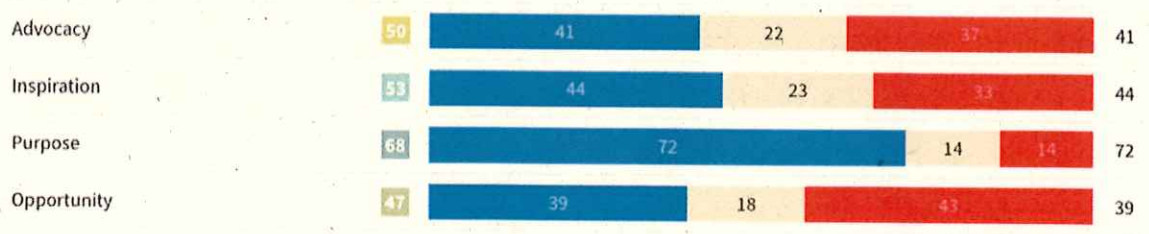
4.ii Drivers for Engagement (CQ Drivers)

'Engagement' measures what people say about the organisation and their identification with its mission and values, their intent to stay, strive, and to go the 'extra mile'. It also measures staff desire to grow and develop their knowledge and skills in an organisation. Purpose is defined as job expectations, meaning, and job satisfaction scored significantly higher than other drivers of engagement. Every interaction during the research indicated the passion for the work that staff do.

The survey shows that all staff derive significant personal satisfaction by doing their job well. This result is consistent across location, job bands and levels, and by length of service. A sense of purpose was the highest scoring dimension.

Many midwives found support from their immediate teams to be a critical source of motivation and resilience. Additionally, the intrinsic reward of providing care to patients remained a strong motivator for many staff members.

Table 9:
Survey Findings for CQ Drivers



04
Workplace Culture Findings (continued)

The survey findings show that staff express positive responses to the following items:

- I derive a great sense of personal satisfaction by doing my job well (88% strongly agreeing/agreeing)
- I am clear about what is expected of me in my job role (81% strongly agreeing/agreeing)
- Women's Services' purpose and values are meaningful to me (69% strongly agreeing/agreeing)
- My manager is clear on the expectations for my work (62% strongly agreeing/agreeing)
- My manager, supervisor, or a work colleague, seems to care about me as a person (60% strongly agreeing/agreeing)

The least positive scoring questions:

- The leaders in Women's Services have communicated a vision that motivates me (12% strongly agreeing/agreeing)
- We have high levels of feedback and coaching in Women's Services (13% strongly agreeing/agreeing)
- I rarely think about leaving Women's Services (30% strongly agreeing/agreeing)
- I would recommend NHS Lothian as a good place to work (25% strongly agreeing/agreeing). This question is often defined as the net promoter score and is seen as one of the most important behavioural-related questions defining levels of engagement. This is a significant worry because word-of-mouth recommendation is one of the most powerful recruitment tools.

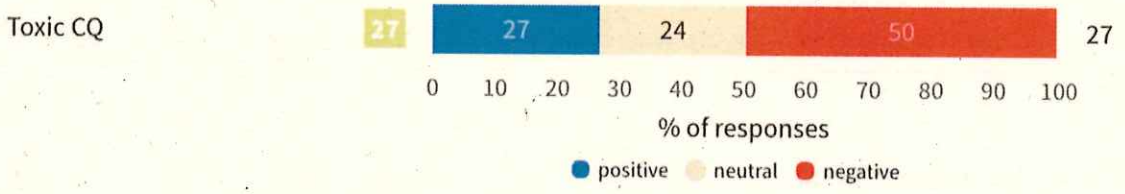
The survey data showed that all staff derive significant personal satisfaction by doing their job well. This result is consistent across location, job bands and levels, as well as by length of service. A sense of purpose (or calling) was the highest scoring dimension, which is consistent with most surveys of healthcare staff. Doing meaningful work with a strong moral and social purpose is a defining feature of clinical and non-clinical healthcare professionals. Yet, pressures for performance, high and sometimes overwhelming demands - coupled with a sense of a lack of appreciation, constant and negative criticism - are challenging the sense of purpose or calling.

04
Workplace Culture Findings (continued)

4.iii Toxic Workplace Culture and Performance Pressures (Toxic CQ)

Pressures for performance impact workplace cultures. The data shows that midwives as well as clinicians and medical staff are all experiencing significant performance pressures, including staffing shortages, inflexible schedules, and increased workloads.

Table 10:
Survey Findings for Toxic CQ



One of the most pressing issues raised was staffing shortages and excessive workload, which is a system wide perception in the NHS in Scotland.[6] Many staff reported feeling overwhelmed and constantly under pressure, with some describing their daily experience as akin to working "in a burning building." Overall, 71% of staff reported that they often feel under excessive pressure to perform, directly linking performance pressures to job dissatisfaction.

Chronic understaffing has significantly increased stress levels among staff. There was discussion on the high turnover of experienced midwives, many of whom retired early or left post-COVID-19. This has resulted in a higher proportion of inexperienced staff being employed, placing an additional burden on senior midwives who must provide training and mentorship while managing their own heavy workloads. In addition to staffing pressures, midwives described being held to unrealistic expectations and performance targets. Many staff regularly work beyond their contracted hours to prevent patient care from suffering. One respondent claimed, "We work over our time because we do not want our women (patients) suffering from that. The deadlines and pressures are simply unrealistic." The impact of these pressures extends beyond the workplace, with midwives reporting that work-related stress is affecting their personal lives. Participants described feeling unable to fully disconnect from work leading to heightened anxiety and burnout.

Excessive work pressures may fuel or exacerbate undesirable behaviours in the workplace. 71% of midwives reported that they agreed or strongly agreed that 'undesirable behaviours are tolerated in the workplace'. The data shows midwives are more disengaged than other job families, do not feel a strong sense of belonging, are more likely to leave the organisation and less likely to recommend NHS Lothian as a good place to work.

Pressure for performance is significant across Women's Services. This significantly impacts midwives with 82% stating that they often feel under excessive pressure to perform in their work. Coupled with the view that only 5% of midwives agreed with the statement that *Women's Services deals appropriately with under-performing colleagues* this is exacerbating tensions and contributing to an unhealthy workplace culture.

04
Workplace Culture Findings (continued)

Summary

The qualitative findings from stakeholder interviews and focus groups reveal a consistent picture of a workplace culture characterised by poor communication, disconnected leadership, and systemic resource constraints. Interviewees expressed such disconnected leadership[7] in terms of a lack of visibility, in providing support to staff, and dysfunctional relationships among senior roles, thus contributing to staff feelings of being undervalued and overwhelmed by the pressures of their work. Although strong peer support and commitment to patient care were noted, persistent issues such as understaffing, toxic behaviours, performance pressures, leadership (dis)engagement underscore the urgent need for cultural and structural reform to rebuild trust and staff morale.

The survey results show that while most staff members express personal satisfaction, a strong sense of purpose or calling, and positive views on values like execution, agility, and integrity, they also express significant concerns that triangulate with the qualitative findings. These concerns are a perceived lack of leadership engagement, insufficient feedback and career progression opportunities, and more critically, performance pressures exacerbated by staffing shortages and unrealistic workloads. These findings highlight the necessity for systemic changes that align organisational values with connected, visible and active leadership and enhanced support structures to ensure long term staff well-being and service quality.

Addressing these findings is critical for fostering a more supportive, transparent, and effective work environment. In the next section, we evaluate the workplace culture using our Organisational Culture Model followed by detailed analysis in the following section using our RESPECT framework.

05
Workplace Culture Assessment

This section of the report analyses the workplace culture within Women's Services using Hetrick's **Organizational Culture Model**, which assesses negative organisational cultures based on two primary drivers:

1. **Cognitive Dissonance (between values and Actions)** – The gap between leadership's stated values and actual behaviour.
2. **Normalization of Deviance (Acceptance of negative or toxic behaviours)** – The extent to which negative behaviours have become normalised within the organisation.

The findings show that Women's Services currently falls within the **Pervasive Toxicity** quadrant, characterised by a high level of dissonance between leaders' espoused values and the realisation of values in practice (the so-called rhetoric-reality gap) and an increasing normalisation of toxic behaviours. This means that while leadership promotes values such as fairness, respect, and inclusivity, their actions do not align with these principles, and negative behaviours, even extending to the toxic (bullying, favouritism, and lack of psychological safety), are becoming embedded in the workplace culture.

1. Analysis of the Two Drivers

1.1 Cognitive Dissonance (Leadership Integrity vs. Actions)

Score: **3.5 (High Cognitive Dissonance)**

- Leadership promotes values (respect, fairness, support) but does not uphold them.
- Reports of favouritism, bullying, and retaliation for speaking up contradict leadership's stated values.
- Decisions made by senior management often do not reflect staff well-being or reflect ethical leadership.
- Lack of accountability in leadership, with staff expressing frustration over empty promises and a culture of "lip service" rather than meaningful change.

1.2 Normalization of Deviance (Toxicity Becoming Normalized)

Score: **3.0 (High Normalization of Deviance)**

- Toxic behaviours (bullying, favouritism, poor communication) are becoming normalised within the work environment.
- There are reports of favouritism in handling complaints. Staff feel unsafe speaking up due to fear of retaliation.
- Despite some positive peer support, the overarching culture discourages accountability and open dialogue.

05
Workplace Culture Assessment (continued)

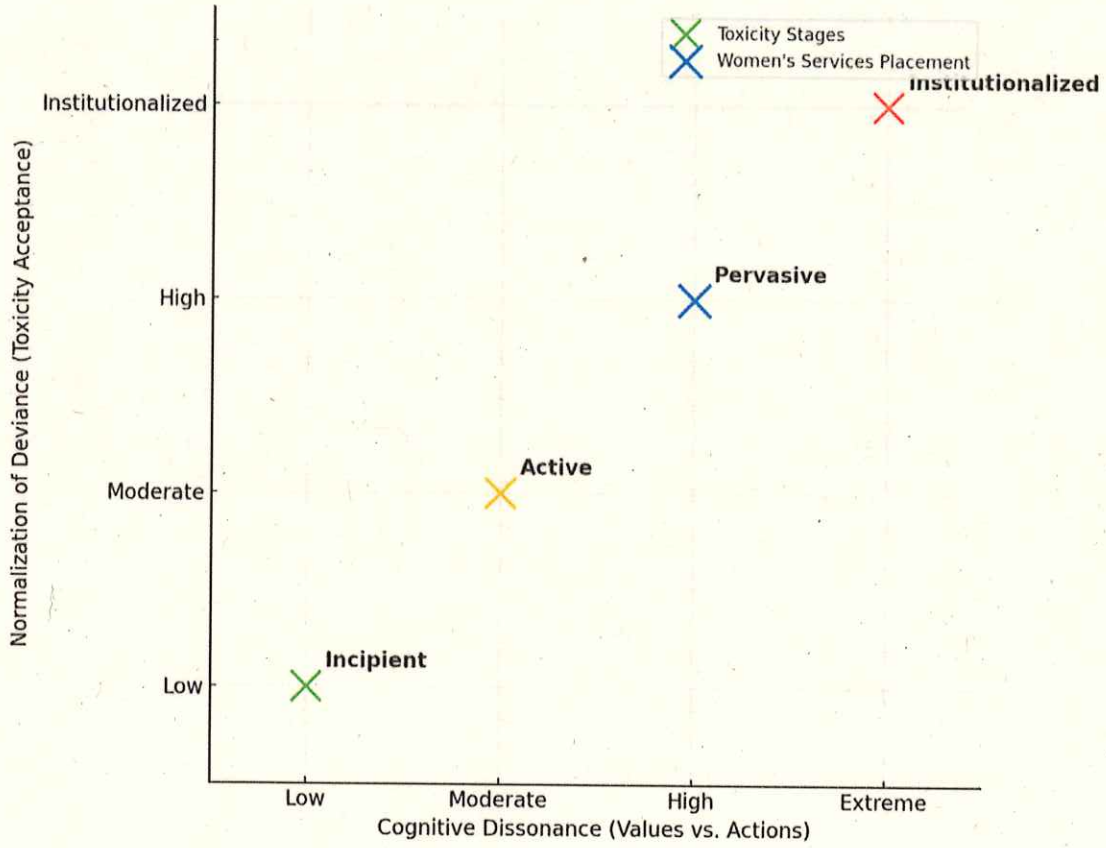
2. Quadrant Placement: Pervasive Toxicity

Based on the scores for **Cognitive Dissonance (3.5)** and **Normalization of Deviance (3.0)**, Women's Services is categorised as **Pervasive Toxicity** within the quadrant model:

Quadrant	Cognitive Dissonance Score	Normalization Deviance Score	Characteristics
Incipient Toxicity	**1.0 – 2.9**	**1.0 – 2.9**	Early warning signs, but fixable.
Active Toxicity	**3.0 – 3.9**	**3.0 – 3.9**	Culture decline, some resistance to change.
Pervasive Toxicity	**2.0 – 3.9**	**2.0 – 3.9**	Leadership misalignment, toxic behaviours widespread.
Institutionalized Toxicity	**1.0 – 2.9**	**1.0 – 2.9**	Toxicity is deeply ingrained, major intervention needed.

05
Workplace Culture Assessment (continued)

Table 11
Toxicity Stages Mapped by Cognitive Dissonance & Normalization of Deviance



Women's Services falls in the "Pervasive Toxicity" quadrant – indicating that workplace dysfunction is severe but still **reversible** with recommended interventions. The findings indicate that Women's Services is at a **critical juncture** – toxicity is spreading, and staff distrust of the competence, integrity and benevolence of senior leadership is eroding. Distrust in healthcare is distinct from low trust and begins to occur when staff have *no or low* expectations of leadership rather the having positive expectations which are constantly breached[8]. However, with **proactive interventions** focused on leadership integrity, psychological safety, and workplace accountability, the organisation can **reverse the trajectory** before falling into Institutionalised Toxicity.

06
The Respect Framework Workplace Culture[9] Analysis

In this section of the report, we analyse the findings using the RESPECT framework as a template for a positive workplace culture. There are seven key factors to accelerate change for workplace culture, supported by recommendations.

6.i Recognition and Realignment of Values

Recognition, engagement, and inclusion are fundamental to fostering a positive and effective workplace culture, particularly in a healthcare setting that depends on teamwork, collaboration, and staff well-being for delivering effective patient care. The findings show that within work teams, there was a strong sense of collaboration, good peer support and relational coordination. Staff reported that their immediate teams worked well together, creating an atmosphere of camaraderie and mutual respect that helped them navigate high-pressure situations. Evidence of effective collaboration in high-risk clinical settings, particularly within specialised areas such as diabetic clinics, demonstrated how well-coordinated teamwork could improve patient outcomes and provide professional satisfaction.

While our findings highlighted pockets of positive experiences, a substantial number of concerns emerged regarding respect, engagement, and inclusion across departments and hierarchical levels. The most pressing concern was the perceived lack of respect and disregard for many staff, which was associated with them expressing pervasive distrust of leadership and the organisation. Low trust is evident when staff have low expectations of senior management competence, integrity and benevolence; distrust is where they have NO such expectations. To repeat, we appreciate many people find it easier to blame system failings on relative abstractions such as senior leadership. Nevertheless, perception is real in its consequences and staff frequently expressed feelings of being undervalued and unsupported, particularly by senior management. This, we suggest is bordering on distrust and a significant gap in respect. Many staff working under high levels of stress and demanding conditions felt that their contribution was often ignored rather than appreciated. This lack of recognition eroded motivation and morale, contributing to significant levels of staff disengagement, cynicism and burnout.

Exclusion from decision making was a feature of staff by location and by job type/role. Many felt that key decisions affecting their roles and responsibilities were made without their input, leading to a sense of powerlessness and disconnection from organisational goals. The hierarchical nature of the workforce further reinforced communication barriers, making it difficult for junior staff to voice concerns or engage meaningfully with leadership. Additionally, insufficient resources for training and educational supervision were identified as a major setback, particularly affecting junior staff who required structured mentorship and development pathways.

Perhaps the most concerning findings were reports of unethical practices with one focus group raising concerns about sexual harassment and inappropriate management behaviours. Some participants described instances of favouritism, exclusionary practices, and a lack of transparency in leadership decisions. Additionally, the management structure was perceived as obstructive when it came to raising concerns, with some staff expressing fear of retaliation or being ignored when attempting to highlight workplace issues.

06

The Respect Framework Workplace Culture Analysis (continued)

6.ii Enable Psychological Safety

Psychological safety is a critical component of an effective workplace culture, particularly in high-pressure environments such as healthcare. It enables staff to speak up about concerns, share ideas, and work collaboratively without fear of negative consequences. However, findings from NHS focus groups reveal that while some departments have made progress in fostering psychological safety, there are still significant barriers preventing many staff from feeling secure when raising issues.

Reports of bullying, intimidation, and a culture of fear have led to widespread feelings of distrust and disengagement. Staff often hesitate to speak up about workplace concerns due to the fear of retaliation, with some stating that raising issues has led to negative consequences or professional isolation. Many staff members expressed sentiments suggesting leaders are disengaged from frontline concerns and that policy decisions do not align with actual workplace experiences. There is also a perceived disconnect between management rhetoric and action, leading to doubts about the commitment to psychological safety. Additionally, stress and morale issues are widespread, exacerbated by understaffing and intense workloads. Staff often describe themselves as feeling like 'cogs in a wheel' rather than valued professionals. Staff reported that they often felt criticised, undervalued, and isolated in their work by senior management. Of more concern was the normalisation of aggressive behaviour and microaggressions. Reports suggest that bullying and unprofessional conduct often go unchallenged, contributing to an environment where staff feel unsafe voicing their concerns. The lack of clear consequences for negative behaviours has led to a culture of silence, where staff believe that speaking up will not lead to meaningful change.

06
The Respect Framework Workplace Culture Analysis (continued)

Table 12:
Key themes and recommendations relating to psychological safety

Key Themes	Evidence	Recommendations
Fear of Retaliation	Staff worry about negative consequences if they report misconduct, bullying, or safety concerns.	Enforce whistleblower protections to encourage staff to report unethical practices without fear of retribution. Introduce anti-bullying and inclusive leadership policies to foster a culture of fairness and accountability. Conduct regular staff well-being surveys to monitor progress and ensure continuous improvements.
Lack of Leadership Accountability	There is a perception that management does not take staff concerns seriously, leading to inaction and frustration.	
Normalisation of Poor Behaviour	Aggressive behaviour and toxic workplace practices have become accepted, making it difficult for staff to challenge them.	
Disempowerment of Staff	Many staff members feel that their opinions are not valued, particularly in hierarchical settings where senior staff dominate discussions.	
Distrust of Leadership Competence, Benevolence and Integrity	Typically, staff believe there is a lack of fairness and transparency, making it difficult to have confidence in leadership.	

To address these concerns, leadership as a process of engaging leaders with followers must focus on creating a culture of psychological safety. Strengthening reporting mechanisms, increasing leadership accountability, fostering open communication, and addressing toxic behaviours will be critical in rebuilding trust and creating a more supportive work environment. By implementing these changes, Women's Services can move towards a culture where staff feel safe, respected, and empowered.

06
The Respect Framework Workplace Culture Analysis (continued)

6.iii Strengthen and Enable Leadership to act as Role Models

Effective leadership as a process of engaging and connecting leaders and followers is essential in fostering a positive workplace culture, ensuring staff engagement, and delivering high-quality patient care. On a positive note, we found several positive examples of effective leadership within Women's Services. Thus, certain managers were praised for being supportive, accessible, and engaged with their teams. Moreover, leaders who actively participate in clinical work were often seen as more relatable and inspiring. However, these positive examples highlight the need for widespread improvements in leadership practices. So, while some managers were seen as supportive and accessible and therefore trusted, widespread challenges such as poor communication, lack of role clarity, and limited visibility among senior leaders have created a culture of frustration, fear, disempowerment and distrust.

One of the most frequently cited concerns is poor communication and tension among senior leaders, particularly in midwifery. These strained relationships negatively impact the entire team, contributing to inefficiencies, confusion, and clinical risks. Additionally, many clinical managers' report feeling unsupported and overworked, resulting in burnout and difficulty in maintaining work-life balance.

Our data suggested there was a lack of clarity in senior leadership roles and responsibilities, particularly in midwifery between clinical and operational managers. Staff members often describe confusion regarding decision-making authority and accountability. The hierarchical nature of the organisation limits open communication and trust, making it difficult for staff to seek support or voice their concerns. Furthermore, senior leaders were generally perceived as lacking visibility and failing to provide consistent feedback, which makes staff feel undervalued and disconnected from leadership. Some managers were described as overly dictatorial, creating tension and resistance among staff, and has undermined trust and engagement among committed professionals, making them reluctant to participate in decision-making or raise concerns about workplace issues. This has contributed to a culture of indifference, fear, and blame, where staff feel powerless within a rigid hierarchy. Addressing these systemic issues requires proactive efforts to improve leadership development, engagement, and accountability. Reports also suggested that certain leaders sometimes tolerated or engaged in unacceptable behaviours, including favouritism and dismissiveness of staff concerns, resulting in staff struggling to feel valued or respected.

Thus, the overall impression we gained was that leaders, especially at senior levels, must strive even harder to ensure all staff voices are heard, thereby promoting equitable decision-making, and fostering a culture of inclusivity and professional integrity.

06
The Respect Framework Workplace Culture Analysis (continued)

Increase Leadership Visibility and Engagement	• Senior leaders should spend more time on the clinical floor to understand frontline challenges firsthand. • Leaders should actively participate in staff meetings, listen to concerns, and provide transparent feedback. • Introduce regular town hall meetings and staff forums to encourage two-way communication
Strengthen Leadership Development and Training	• Leadership programs should be implemented to enhance decision-making, communication, and conflict resolution skills. • Promotions should be based on leadership competency rather than tenure, ensuring that managers are well-equipped to lead teams effectively.
Model Ethical and Inclusive Leadership	• Develop clear anti-bullying and anti-favouritism policies, ensuring that leaders are held accountable for fostering a positive workplace culture. • Encourage collaborative leadership, where senior managers work together to set an example for teamwork and mutual respect.

Leadership plays a critical role in shaping workplace culture, and the current challenges within Women's Services highlight the need for urgent improvements. While some managers are supportive and engaged, systemic issues such as poor communication, lack of visibility, and tolerance of toxic behaviours undermine trust and morale. Senior leaders must take accountability for addressing these challenges, embodying the values of respect, integrity, and inclusion. By enhancing leadership development, improving engagement, and fostering open communication, Women's Services can create a workplace where staff feel empowered, valued, and motivated to contribute to high-quality patient care. A major exercise to rebuild trust can be achieved through empathetic leadership and developing 'perspective taking' among clinical and non-clinical leaders. This is about leaders and followers to suspend judgements of others and be able to see the world from another perspective.

06
The Respect Framework Workplace Culture Analysis (continued)

6.iv Promote and Align HR Practices and Policies

The scope of our work did not include any evaluation or assessment of the Human Resources (HR) function, resources or the HR policies and processes currently in place. Nevertheless, since HR can play a crucial role in shaping workplace culture, supporting staff development, and ensuring the smooth operation of healthcare services, we wish to offer some observations based on the qualitative data.

One of these was the desire by some staff for the HR function to strengthen its presence and support on the culture and people challenges. Historically it was suggested that senior management within Women's Services had sought to line manage such challenges in-house.

It is our recommendation that the HR Directorate are given more opportunity to bring their knowledge, skills and motivation to bear on the organisation to positively impact the workplace culture. To do so, requires the HR and OD function to be further integrated with line managers and staff in all parts of Women's Services to help it become an 'employer of choice'. This necessitates active engagement at a local level, supporting staff and management in day-to-day issues, as well as at strategic policy and governance level.

6.v Elevate Well-being

Staff well-being is a crucial aspect of a healthy and effective workplace. Within Women's Services, staff well-being significantly impacts job satisfaction, retention, and the quality of patient care. While there are positive aspects, including strong peer support and departmental camaraderie, there are also considerable challenges such as high stress levels, burnout, lack of managerial support, and workplace toxicity. Despite these challenges, several positive factors contribute to a supportive workplace environment within Women's Services. One of the most frequently cited strengths is the presence of strong peer support and teamwork. Many staff members feel that their immediate colleagues and direct supervisors provide a vital source of encouragement, helping them manage workplace stress and emotional demands.

Despite these positive aspects, the overwhelming sentiment among staff was that well-being is at significant risk due to systemic workplace issues. One of the most frequently cited challenges is the lack of support from senior management. Many staff members feel that their concerns are not heard or addressed, leading to a sense of detachment from leadership and a distrust of the decision-making processes. Stress and burnout are widespread across multiple roles, primarily due to staff shortages, high workloads, and unrealistic expectations. Staff report that they are constantly working in crisis mode, leading to emotional exhaustion and a significant negative impact on work-life balance. Staff members frequently cite inadequate staffing, a lack of necessary equipment, and logistical challenges such as parking issues as ongoing frustrations that further compound their day-to-day experience.

The well-being of staff within Women's Services is fundamental to ensuring a high-functioning and compassionate healthcare environment. While peer support and some positive leadership efforts exist, widespread issues related to burnout, stress, lack of management support, and toxic workplace culture continue to undermine overall well-being. Addressing these challenges requires a holistic

06
The Respect Framework Workplace Culture Analysis (continued)

approach, with a strong focus on improving staffing levels, enhancing leadership engagement, fostering a positive workplace culture, and providing tailored well-being support for different staff groups. To enhance workplace well-being, targeted interventions should be introduced across different staff groups, addressing their specific challenges and support needs. These include increasing staffing levels to reduce workload and prevent burnout; implementing a robust peer support system to help staff cope with traumatic events; addressing logistical stressors such as parking difficulties; improving scheduling to ensure adequate rest periods; fostering interdepartmental collaboration to reduce isolation and improve teamwork across specialties.

By implementing these recommendations, Women's Services can create a healthier, more sustainable working environment, ensuring that staff feel valued, supported, and motivated to deliver the highest standards of patient care.

6.vi Call Out Toxic Behaviours

A healthy workplace culture is essential for staff well-being, engagement, and overall service effectiveness. Our findings, however, showed evidence of persistent toxic behaviours that significantly impacted morale, trust, and professional relationships. These behaviours range from disrespect and favouritism to outright bullying and harassment, so creating feelings of fear and frustration among a significant number of staff.

The focus group discussions and survey responses revealed that toxic behaviours beyond expressions of isolated incidents and tending towards systemic issues embedded within the workplace culture. Participants frequently witnessed or experienced negative behaviours, leading to increased stress, dissatisfaction, and even thoughts of leaving their positions.

Disrespectful Behaviour	The most frequently reported issue, characterised by eye-rolling, dismissive attitudes, gossiping about colleagues, and senior staff blaming junior staff for systemic problems.
Non-Inclusive Practices	Staff members reported exclusion from decision-making, hierarchical favouritism, and a lack of engagement from senior management who remained distant from frontline operations. Many staff members believe that career opportunities and workplace privileges are granted based on personal connections rather than merit. This lack of equitable treatment leads to resentment and disengagement, as staff feel their hard work and dedication are overlooked.
Favouritism	Some staff received preferential treatment, leading to perceptions of bias and inequity in career advancement and work assignments.

06
The Respect Framework Workplace Culture Analysis (continued)

Bullying and Harassment	A prevalent issue, particularly among senior staff and management, involving intimidation, exclusion, and favouritism. Many staff expressed concerns that management protects known bullies rather than addressing their behaviour, making the work environment unsafe and hostile. Many staff members described feeling scared to approach certain senior colleagues due to hostile or aggressive interactions. Reports of misogynistic behaviour and inappropriate comments were particularly concerning, especially for female staff members.
Unrealistic Expectations	Excessive workloads were imposed without adequate support, leading to burnout and exhaustion.
Lack of Respect and Support from Leadership	Management was frequently described as dismissive and unsupportive, fostering an environment of distrust and low morale. Staff reported being spoken about derogatorily, having their concerns ignored, and experiencing rigid, unsympathetic leadership practices.

Addressing toxic behaviours in Women's Services requires urgent, structured, and sustained intervention. Recommendations include establishing clear policies and procedures outlining unacceptable behaviours, including bullying, favouritism, intimidation, and harassment; Ensuring swift and consistent disciplinary action for those engaging in toxic behaviours, regardless of seniority; conducting training for all staff and management on recognising and addressing toxic behaviours. By implementing these recommendations, the organisation can shift from a culture characterised by fear and frustration to one of respect, inclusion, and professional integrity. These actions will ensure that staff feel valued, supported, and empowered, ultimately improving both workplace morale and patient care outcomes.

6.vii Transform Career Development and Learning through Growth Mindset

Career development plays a crucial role in staff motivation, job satisfaction, and workforce retention. In healthcare settings, structured career progression ensures that staff feel valued, supported, and empowered in their professional growth, and that access to career development is fairly distributed, open to all, and actively inclusive of all.

Within Women's Services at NHS Lothian, there are some positive initiatives aimed at fostering career development. For example, newly qualified midwives (NQM) at Band 5 have access to training and support programs that facilitate their transition into professional practice; the presence of clinical educators; and the introduction of a Band 6 leadership program, which aims to support midwives transitioning into leadership roles.

06

The Respect Framework Workplace Culture Analysis (continued)

Despite these positive developments, career progression within Women's Services remains a significant concern for many staff. The most frequently cited issue is the lack of clear and structured career pathways. Many staff members feel their professional development is restricted, with limited opportunities to advance beyond their current roles. Staff members reported difficulties in accessing training programs, with cancelled sessions, lack of scheduling flexibility, and inadequate funding preventing them from developing new skills or gaining additional qualifications, such as FGM, or leadership roles, yet feel that they are not given the resources or support to do so.

There is also a widespread perception that career advancement was not based on merit and therefore unfair. Regardless of the rhetoric or, indeed, reality, some staff believe that favouritism and personal connections play a greater role in promotions than professional achievements. The lack of transparency in promotion processes has created feelings of inequity and disengagement, with some staff members losing the motivation to pursue leadership roles. Furthermore, high workloads and staffing shortages mean that many staff struggle to dedicate time to professional development activities. Even when training opportunities exist, heavy clinical demands often make it impossible for staff to take advantage of them.

However, we feel more research is required to fully understand how to establish clear career pathways, improve access to training, foster mentorship, and enhance leadership involvement in staff development.

07

Action Plan for Cultural and Structural Improvements in Women's Services

Actions	Interventions	Timeline
Leadership Engagement and Visibility: Improve leadership presence, accessibility, and accountability.	• Review the operating structure and establish clear roles and responsibilities through job descriptions. • Implement structured open forums and staff engagement meetings. • Introduce leadership training on perspective taking and empathy, communication, and inclusive decision-making.	**3-6 months**
Strengthen Communication and Transparency: Improve two-way communication between staff and leadership.	• Establish monthly town halls and regular leadership updates. • Ensure that staff across all locations are included in decision-making forums.	**3-6 months**
Create a Culture of Psychological Safety: Ensure a supportive work environment where staff can speak up without fear.	• Introduce a robust, anonymous reporting system for grievances. • Implement zero-tolerance policies on bullying, favouritism, and workplace intimidation. • Conduct regular psychological safety training for staff and leadership.	**6-12 months**
Strengthen HR Function and Support Systems: Improve HR presence, responsiveness, and role clarity.	• Allocate more HR resource to ensure adequate support. • Establish HR drop-in clinics and an open-door policy for accessibility. • Develop structured HR training for managers to handle conflicts and disciplinary actions. • Implement regular staff surveys to track improvements.	**6-12 months**
Address Workplace Well-Being and Workload Pressures: Reduce burnout, improve work-life balance, and enhance staff support.	• Increase staffing levels to reduce excessive workload. • Improve scheduling to prevent exhaustion and ensure adequate breaks. • Expand mental health resources and resilience-building programs. • Introduce peer support networks and emotional well-being initiatives.	**6-18 months**

07

Action Plan for Cultural and Structural Improvements in Women's Service (continued)

Actions	Interventions	Timeline
Promote Career Growth and Professional Development: Provide structured career advancement pathways for all staff.	• Establish clear, transparent career progression routes. • Implement mentorship and training programs for junior and senior staff. • Provide protected learning time to ensure access to professional development. • Ensure promotion processes are merit-based and free from favouritism.	**6-18 months**
Monitoring and Evaluation	• Conduct follow up survey to assess morale, communication, and workplace culture. • Establish key performance indicators (KPIs) for workplace well-being, turnover rates, and staff engagement.	**Ongoing**

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Appendices

Appendix 1
Survey Data: Overall

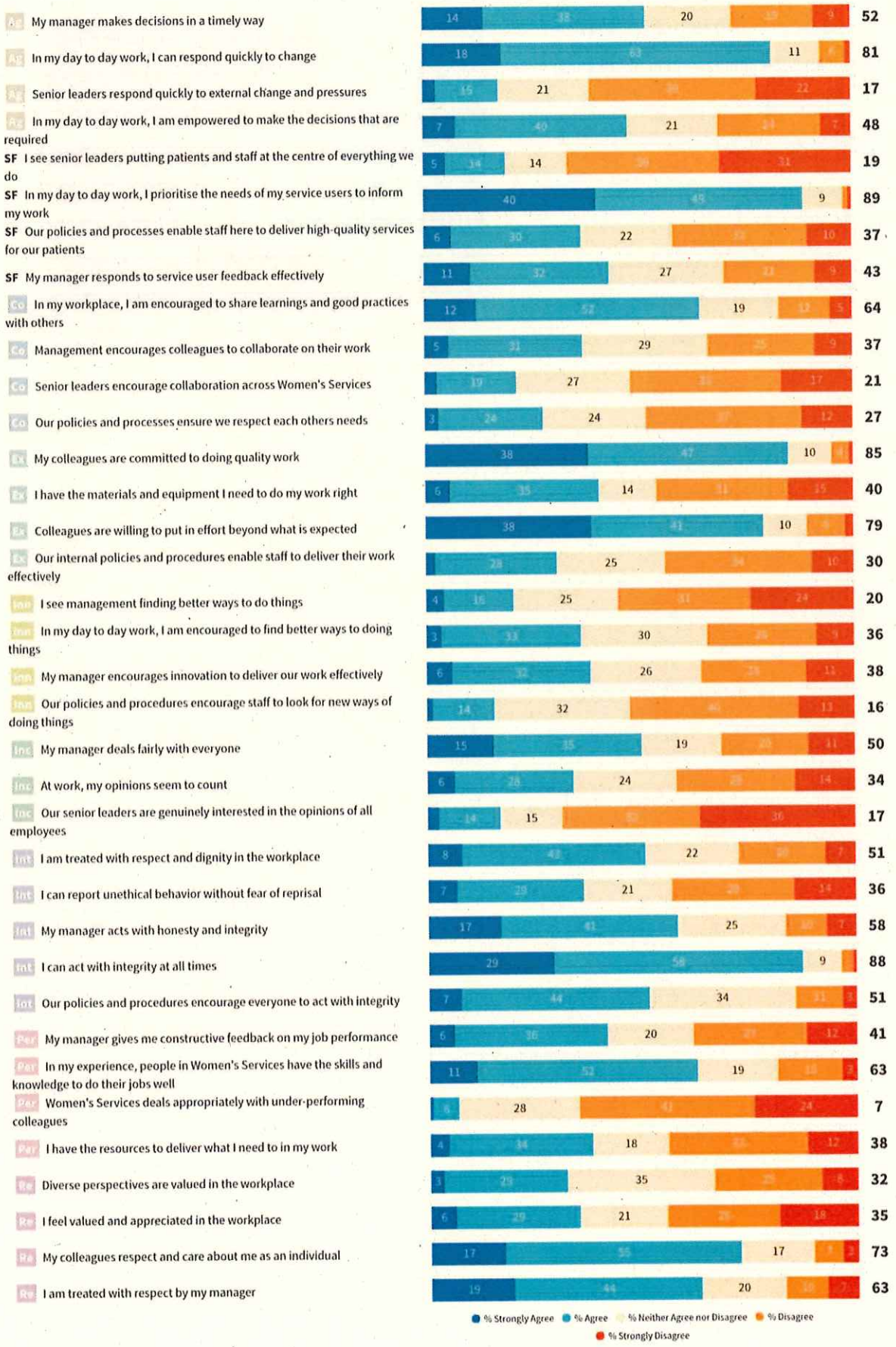
1,195 Staff invited to Survey

632 Participants

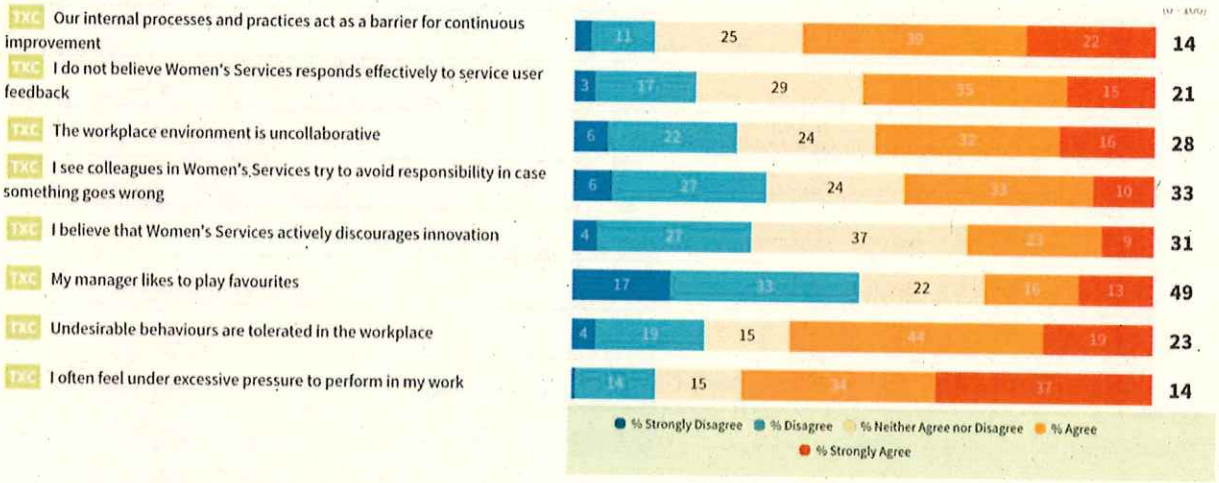
53% Response Rate

Survey conducted Dec 24 to Jan 25

01
CQ Values

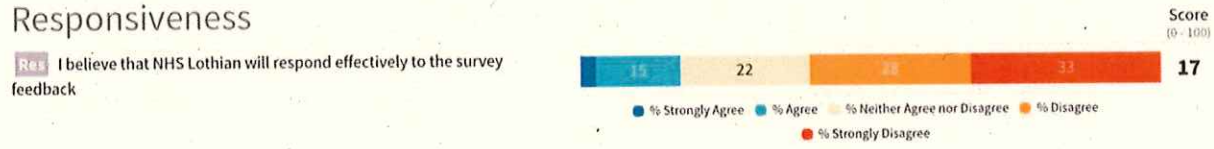

My manager makes decisions in a timely way 52
In my day to day work, I can respond quickly to change 81
Senior leaders respond quickly to external change and pressures 17
In my day to day work, I am empowered to make the decisions that are required 48
SF I see senior leaders putting patients and staff at the centre of everything we do 19
SF In my day to day work, I prioritise the needs of my service users to inform my work 89
SF Our policies and processes enable staff here to deliver high-quality services for our patients 37
SF My manager responds to service user feedback effectively 43
In my workplace, I am encouraged to share learnings and good practices with others 64
Management encourages colleagues to collaborate on their work 37
Senior leaders encourage collaboration across Women's Services 21
Our policies and processes ensure we respect each others needs 27
My colleagues are committed to doing quality work 85
I have the materials and equipment I need to do my work right 40
Colleagues are willing to put in effort beyond what is expected 79
Our internal policies and procedures enable staff to deliver their work effectively 30
I see management finding better ways to do things 20
In my day to day work, I am encouraged to find better ways to doing things 36
My manager encourages innovation to deliver our work effectively 38
Our policies and procedures encourage staff to look for new ways of doing things 16
My manager deals fairly with everyone 50
At work, my opinions seem to count 34
Our senior leaders are genuinely interested in the opinions of all employees 17
I am treated with respect and dignity in the workplace 51
I can report unethical behavior without fear of reprisal 36
My manager acts with honesty and integrity 58
I can act with integrity at all times 88
Our policies and procedures encourage everyone to act with integrity 51
My manager gives me constructive feedback on my job performance 41
In my experience, people in Women's Services have the skills and knowledge to do their jobs well 63
Women's Services deals appropriately with under-performing colleagues 7
I have the resources to deliver what I need to in my work 38
Diverse perspectives are valued in the workplace 32
I feel valued and appreciated in the workplace 35
My colleagues respect and care about me as an individual 73
I am treated with respect by my manager 63
% Strongly Agree
% Agree
% Neither Agree nor Disagree
% Disagree
% Strongly Disagree

02
Toxic CQ


TXC Our internal processes and practices act as a barrier for continuous improvement
11 25 30 22 14
TXC I do not believe Women's Services responds effectively to service user feedback
3 17 29 35 15 21
TXC The workplace environment is uncollaborative
6 22 24 32 16 28
TXC I see colleagues in Women's Services try to avoid responsibility in case something goes wrong
6 27 24 33 10 33
TXC I believe that Women's Services actively discourages innovation
4 27 37 23 9 31
TXC My manager likes to play favourites
17 33 22 16 13 49
TXC Undesirable behaviours are tolerated in the workplace
4 19 15 44 19 23
TXC I often feel under excessive pressure to perform in my work
14 15 34 37 14
% Strongly Disagree
% Disagree
% Neither Agree nor Disagree
% Agree
% Strongly Agree

03
CQ Drivers

Responsiveness



Appendix 2
Survey Data: Responses by Midwifery*

580 Staff invited from 'Midwifery Direct'

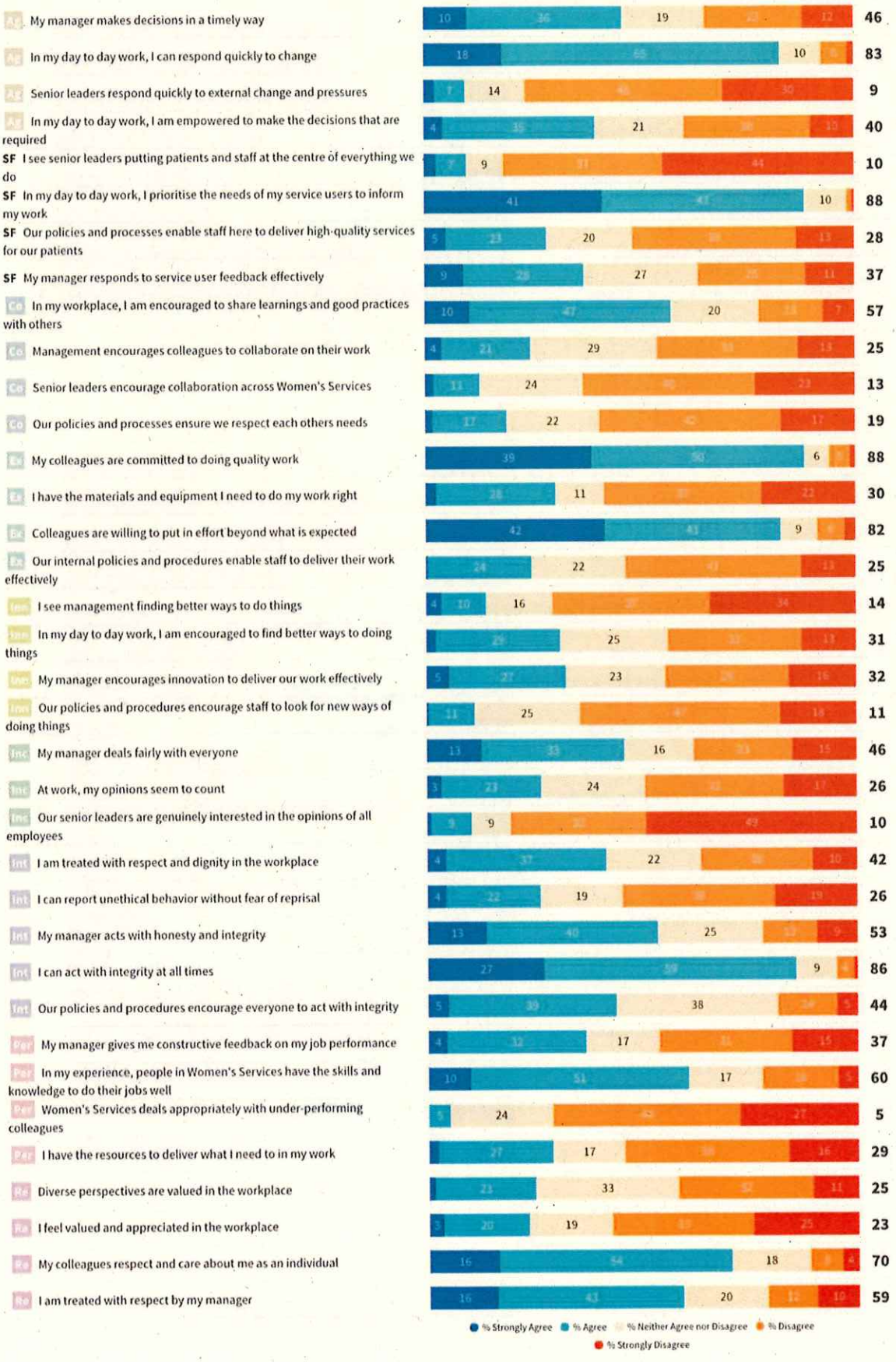
371 Participants

64% Response Rate

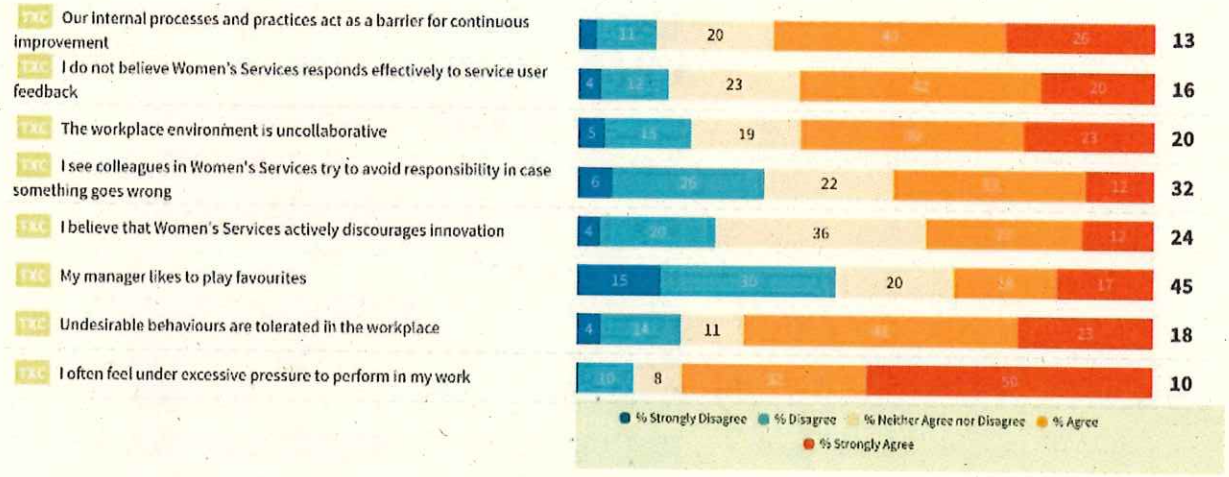
Survey conducted Dec 24 to Jan 25

* As defined by NHS Lothian

04
CQ Values

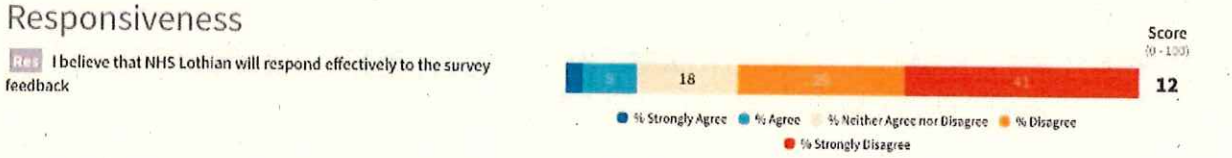


05
Toxic CQ



06
CQ Drivers

Responsiveness



zuhra