General Optical Council

Qualitative research exploring the lived experience of optometrists and dispensing opticians in the UK facing harassment, bullying, abuse or discrimination at work

August 2025

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Key findings

The General Optical Council (GOC) commissioned Explain Market Research, independent research provider, to undertake qualitative research with two specific objectives:

1. To explore the lived experiences of optometrists and dispensing opticians who had experienced harassment, bullying, abuse or discrimination at work, and the impact of this on them and their patients.
2. To identify ways that the GOC, and wider sector, can better support registrants facing these negative behaviours at work, including effective interventions which have/could have supported them when delivering care.

The overall goal of this research is to provide actionable insights for the GOC, and the wider sector, about what registrants believe is needed to tackle mistreatment in the workplace.

To achieve this, Explain conducted 38 in-depth interviews with dispensing opticians and optometrists from all four nations within the UK. All had experience of harassment, bullying, abuse or discrimination at work – either as a single issue or had experienced multiple issues.

Their narratives revealed both the complexities of mistreatment and its potential long-term implications. Participants also made a series of suggestions to help the sector address mistreatment in the future.

The workplace culture

Participants identified a loss of job satisfaction over recent years, discussing a changing workplace culture in which their negative experiences took place. They listed three factors that underpinned this change in culture:

- Increase in workload
- Commercial pressures
- Interprofessional dynamics

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Mistreatment in the workplace

A variety of experiences of harassment, bullying, abuse or discrimination at work were discussed across the research and often participants had experienced multiple forms of this behaviour.

Experiences with physical, verbal or cyber bullying were discussed by 26 participants. Discrimination based on gender, religion, race or sexuality was discussed by 30 registrants. Fifteen participants discussed harassment at work, typically in the form of sexual harassment. Twelve participants discussed their experiences of abuse in the workplace. Typically, this was in the form of abusive comments and aggressive behaviours from patients.

The impact of mistreatment in the workplace on registrants and patients

Experiencing mistreatment at work relating to harassment, bullying, abuse or discrimination had profound and ongoing consequences on personal and professional wellbeing among those consulted in this research. These included mental health impacts (e.g. experiencing stress, anxiety and/or depression); physical symptoms (such as dizziness, migraines); personal life impacts (such as a change in their self-confidence/self-esteem); and reduced engagement in their work and/or career progression.

Notable in the research was a trend for people carrying their experiences of harassment, bullying, abuse or discrimination at work with them throughout their career. They disclosed that this could then impact their career choices. Examples include choice of working pattern, what type of practice they worked in, and whether to work as a locum or as a permanent member of staff.

Participant views on the potential patient impact of their mistreatment were mixed. Some felt that they had been able to maintain their sense of professionalism and therefore mitigate any negative impacts on patients. However, others felt that patient care may have been indirectly impacted, for example in providing less personal or 'caring' care.

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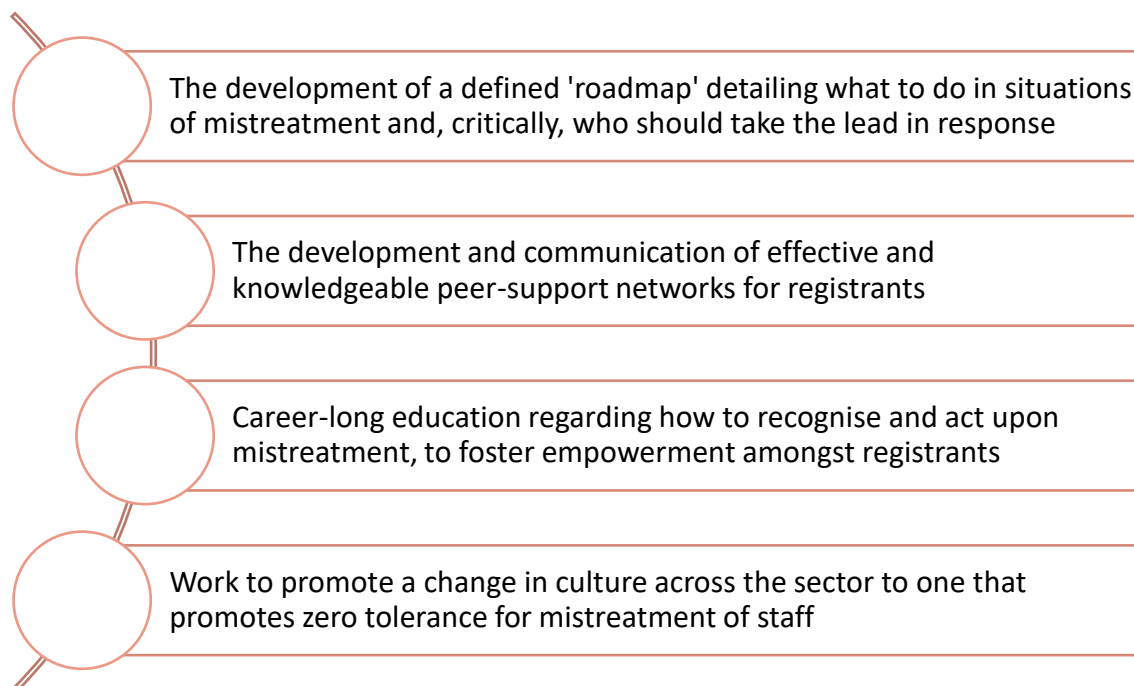Research Report

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Recognising and reporting harm

The reporting of mistreatment was not straightforward, and several key barriers were identified by participants. These include:

- Lack of certainty about the right person to disclose mistreatment to

- Concern about adverse impacts of reporting

- Concern about reporting with no evidence

- Lack of belief that reporting would engender change

Moving towards the future: what registrants think should be done

Despite the complexities of mistreatment, the deep impacts it may have and multiple barriers to disclosure registrants were able to suggest ways in which mistreatment can be more effectively addressed. These are summarised below:

The development of a defined 'roadmap' detailing what to do in situations of mistreatment and, critically, who should take the lead in response

The development and communication of effective and knowledgeable peer-support networks for registrants

Career-long education regarding how to recognise and act upon mistreatment, to foster empowerment amongst registrants

Work to promote a change in culture across the sector to one that promotes zero tolerance for mistreatment of staff

The potential role of the GOC in enacting change

Within discussions, the GOC was understood to have an important role in tackling mistreatment of registrants. In particular, it was felt that the GOC could bring leadership to industry wide communication of both expectations of appropriate behaviour and consequences if these expectations were breached.

Whilst many research participants knew that the GOC's primary role was to protect the public, they also wanted reassurance from the GOC that it also saw its role as fostering and promoting healthy workplace cultures and that it would act against perpetrators of harassment, bullying, abuse or discrimination.
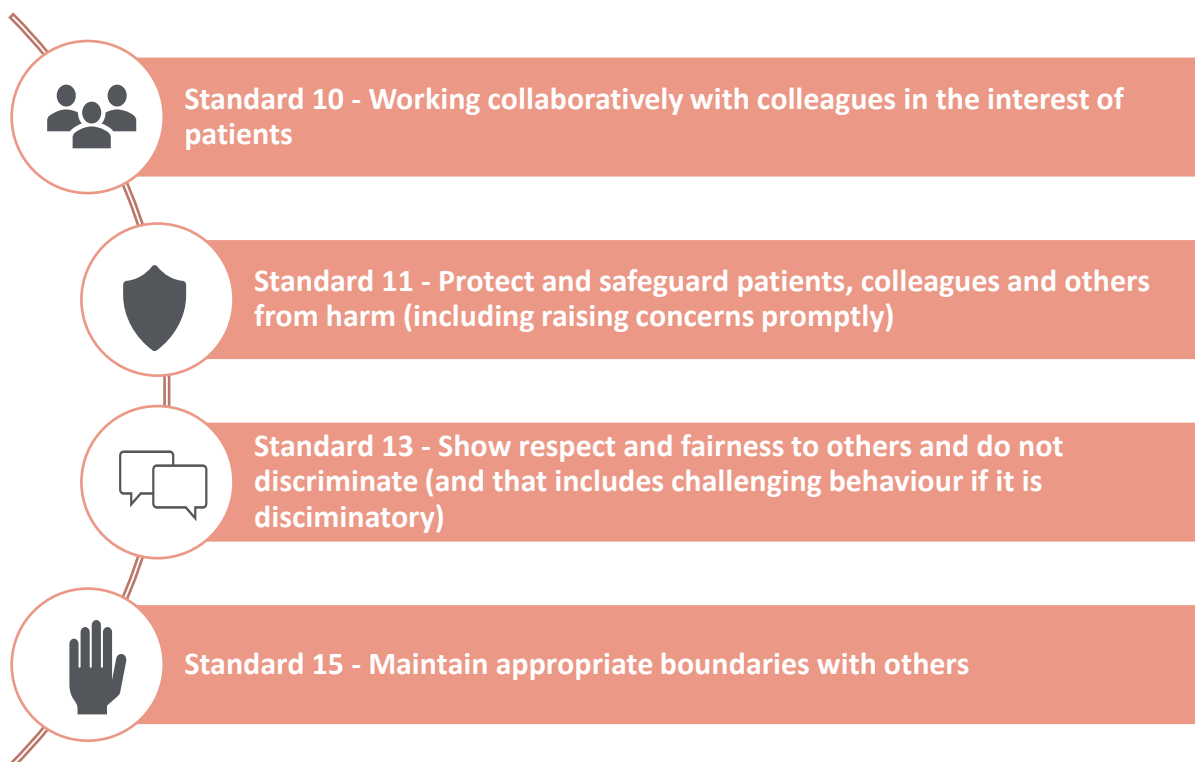
Introduction

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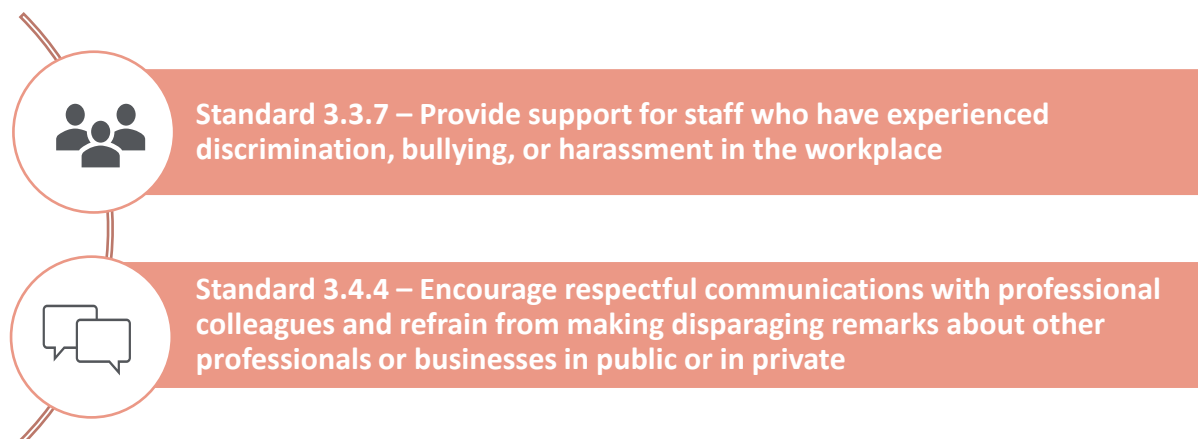
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Introduction

Background

As the UK regulator for optometrists, dispensing opticians, optical students and some optical businesses, the General Optical Council (GOC) has four core functions:

- Setting standards for the performance and conduct of its registrants

- Approving qualifications leading to registration

- Maintaining a register of individuals who are fit to practise or train as optometrists or dispensing opticians, and bodies corporate who are fit to carry on business as optometrists or dispensing opticians

- Investigating and acting where registrants' fitness to practise, train or carry on business may be impaired

As the regulator, the GOC sets standards for its registrants. This includes standards relating to how individual registrants are expected to work alongside each other, such as:

Standard 10 - Working collaboratively with colleagues in the interest of patients

Standard 11 - Protect and safeguard patients, colleagues and others from harm (including raising concerns promptly)

Standard 13 - Show respect and fairness to others and do not discriminate (and that includes challenging behaviour if it is disciminatory)

Standard 15 - Maintain appropriate boundaries with others

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The GOC's standards for business registrants include:

Standard 3.3.7 – Provide support for staff who have experienced discrimination, bullying, or harassment in the workplace

Standard 3.4.4 – Encourage respectful communications with professional colleagues and refrain from making disparaging remarks about other professionals or businesses in public or in private

Further, the GOC's corporate strategy for 2025-2030[1] outlines its vision to ensure safe and effective eye care for all by, among other things, supporting a diverse workforce and tackling negative working environments which can impact safe patient care.

Despite this, in the 2024 wave of the GOC's published workforce research,[2] 50% of those consulted said they had personally experienced some form of harassment, bullying or abuse[3] at work in the last twelve months. Further, 31% reported personal experience of some form of discrimination at work within the last 12 months. Importantly, these negative behaviours were all linked to a potential impact on patient care. Respondents who disclosed experiences of harassment, bullying, abuse or discrimination at work were more likely to report difficulties on providing a sufficient level of patient care and more likely to say they would leave the profession. Finally, the survey also found these experiences were more common among females, younger respondents (under 35 and 35-54), those with a disability, and those from ethnic minority backgrounds.

Explain Research, an independent market research company, was therefore commissioned to undertake qualitative research exploring the lived experiences of optometrists and

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[1] GOC Corporate Strategy 2025-2030
[2] GOC Registrant Workforce and Perceptions Survey 2024 – Research Report
[3] The GOC Registrant Workforce and Perceptions Survey groups these behaviours in the same way as the NHS workforce survey: 1) harassment, bullying or abuse; and 2) discrimination.

dispensing opticians experiencing harassment, bullying, abuse or discrimination in the workplace.

Overall, the goal of this research was to provide actionable insights for the GOC, and the wider sector, as they think about what is needed to tackle mistreatment in the workplace.

Research objectives

The specific objectives for this project were as follows:

- To explore the lived experiences of optometrists and dispensing opticians experiencing harassment, bullying, abuse or discrimination at work, and the impact this has on them and their ability to provide safe patient care.
- To identify ways that the GOC, and wider sector, can better support registrants facing these negative behaviours at work, including effective interventions which have or could have supported them.
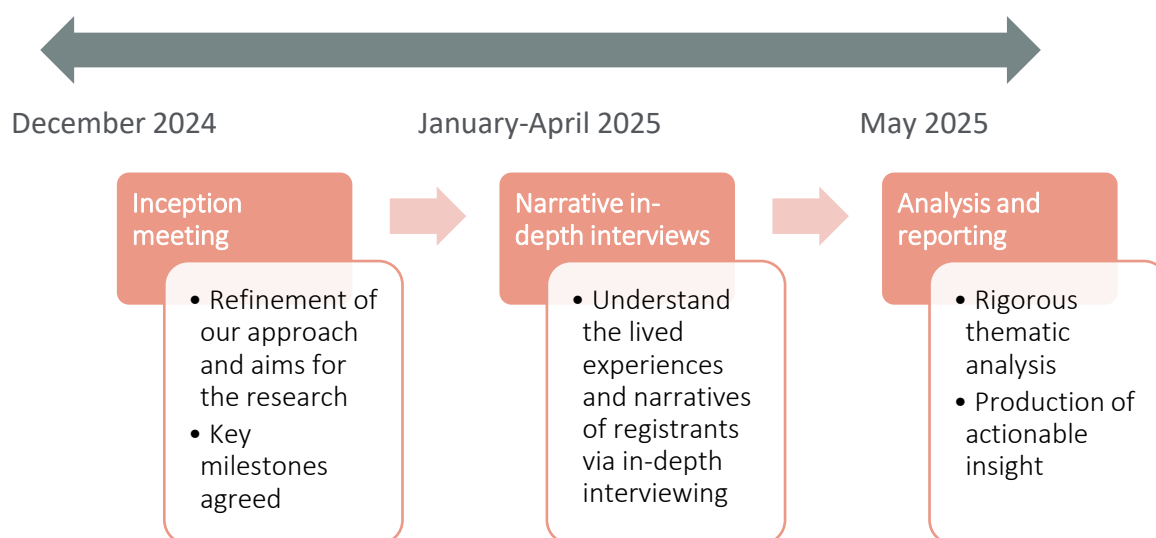
Methodology and participant profile summary

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Methodology and participant profile summary

Our approach comprised the following key elements:

December 2024 | January-April 2025 | May 2025

Inception meeting
- Refinement of our approach and aims for the research
- Key milestones agreed

Narrative in-depth interviews
- Understand the lived experiences and narratives of registrants via in-depth interviewing

Analysis and reporting
- Rigorous thematic analysis
- Production of actionable insight

More methodological information can be found in Appendix A of this report, including the approach that was taken to participant sampling and an explanation of the trauma-led approach to fieldwork. A copy of the discussion guide is provided in Appendix B.

The sample profile was not designed to be representative of the make-up of the profession. Rather, it targeted groups which the GOC's research suggests are more likely to experience these negative environments at work such as females, those under 55, those from an ethnic minority, or those that identify as having a disability.
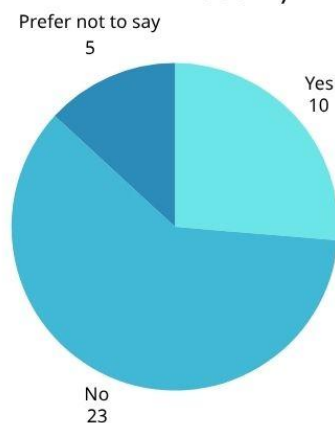
We carried out 38 in-depth interviews among dispensing opticians and optometrists. The key sociodemographic details of the participant sample are summarised in the infographic overleaf.
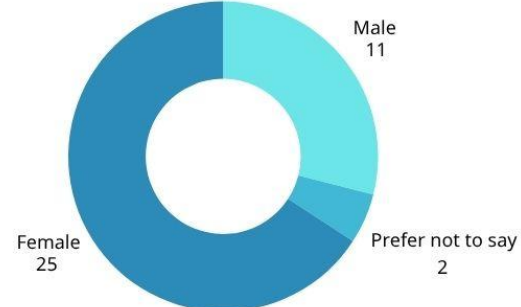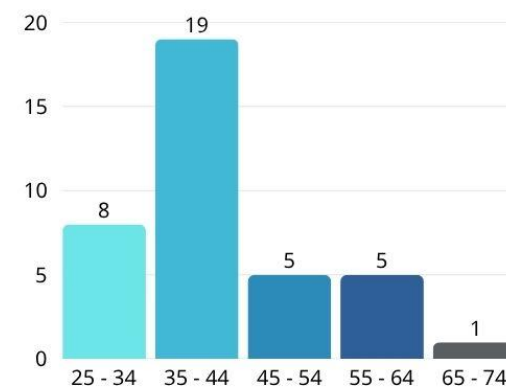
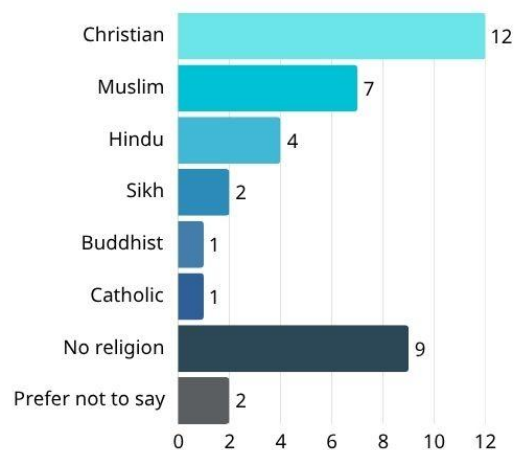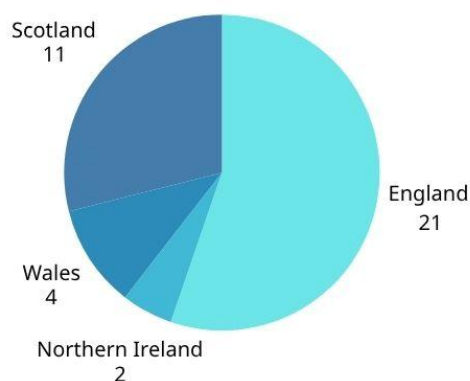Qualitative research exploring the lived experiences of optometrists and dispensing opticians facing harassment, bullying, abuse or discrimination at work
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Job Role

Qualified Optometrist
24

Qualified Dispensing Optician
14

Disability

Prefer not to say
5

Yes
10

No
23

Gender

Male
11

Female
25

Prefer not to say
2

Age

8 — 25 - 34
19 — 35 - 44
5 — 45 - 54
5 — 55 - 64
1 — 65 - 74

Religion

Christian	12
Muslim	7
Hindu	4
Sikh	2
Buddhist	1
Catholic	1
No religion	9
Prefer not to say	2

Nationality

Scotland
11

England
21

Wales
4

Northern Ireland
2

Ethnicity

White – English/Welsh/Scottish/Northern Irish/British	18
Asian – Indian	8
Asian – Pakistani	3
Mixed – White and Black Caribbean	2
Any other ethnicity	2
White – Irish	1
Black or Black British	1
Black or Black British – Caribbean	1
Any other White	1
Any other Black British	1

Research findings

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Research findings

The findings of this research have been organised into the following key themes:

The workplace culture

Specific drivers to a loss of job satisfaction in changing workplace culture.

Mistreatment in the workplace

The lived experiences of harassment, bullying, abuse or discrimination among optometrists and dispensing opticians in the UK.

The impact of mistreatment at work on registrants and patients

The impact of harassment, bullying, abuse or discrimination on registrants and their perception of how this may have impacted patients.

Recognising and reporting harm

The challenges and barriers registrants face in terms of recognising and reporting harm from harassment, bullying, abuse or discrimination at work.

Moving towards the future: what registrants think should be done

Registrants' views regarding how harassment, bullying, abuse or discrimination at work can be effectively addressed. This includes their understanding of the role of the GOC.

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Each will now be described in turn. Findings will be interwoven with verbatim to bring views and experience to life.

The workplace culture

This theme captures participants' sentiments regarding changes in workplace culture that they had experienced and in which the negative experiences they discussed occurred.

Many initially reflected on the positives of their role. For example, being able to provide care to members of the public.

- *"I've always loved my job because I'm a people person, and like, you know, the care that I give to my patients. You know, [I] always find that, rewarding and [a] pleasure…"* (Optometrist)

- *"It's nice to be on the shop floor... the best part is when you help someone and they acknowledge that you've helped them in terms of, I mean, there's certain examples that stick out in my mind, and it's always when somebody comes back and says, thank you for doing this or helping me, or it's changed me, and it's just interacting with public, not selling but helping people, because I know DOs quite often are seen as 'people that just sell specs'"* (Dispensing Optician)

Despite this, across both professions, participants reflected on a decrease in job satisfaction over recent years that was rooted in specific drivers impacting the workplace culture.

Participants identified three drivers responsible for their loss of job satisfaction that set the context for their negative experiences		
Increase in workload	**Commercial pressures**	**Interprofessional dynamics**

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Increase in workload

Participants across both professions repeatedly talked about the speed at which they are expected to practise being particularly challenging. Some claimed their work life was 'manic', for example, one talked about over-booked clinics in their practice (having a 'ghost lane') and there was pressure to see everyone on the list even if they all turned up.

As a result of operating in this high-pressured environment, optometrists told us that they sometimes do not have time for a lunch break, eating quickly or missing lunch to get back to their caseload. Some mentioned they regularly put off having a toilet break because of the pressure to get through their clinic. Others pointed out management time was being 'slashed away', so there was less time to do necessary management aspects and more expectation to absorb this into their day-to-day role. One optometrist mentioned that she must come in on her day off to complete paperwork and that she is constantly '*going the extra mile just to stand still*'.

- *"I just feel like it's, it's very like busy, and I understand that they're a business. But…I get there a bit early because I want to set up in time to start testing my nine o'clock and then, literally, from nine until about half one, it's just non-stop, and my lunch is supposed to start at ten past one every day. I never had my lunch on time and probably go on lunch at about half one, and then at like, ten to two, I have to start testing them. So I'm literally trying to, like, eat quickly. I don't have time to do my referrals in the morning, because I have to do them over lunch time as well. And so say, like tomorrow, there's four optoms in so we'll each have a clinic lane, and then we have like an extra lane, which starts about 10 o'clock, which is basically a ghost clinic… sometimes we literally have seven boards waiting, and yeah, it just ends up being like… chaos."* (Optometrist)

Commercial pressures

Participants, but particularly optometrists, talked frequently about the challenge of navigating the 'two poles' of their scope of practice - the commercial needs of the business they work for, balanced with the clinical needs of their patients. Many spoke about feeling 'reduced' as a professional to the success they have in terms of their conversion rate. Low

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performance in this regard then equated to them being not up to par, when in fact their performance clinically was excellent.

- *"… a lot of optometrists struggle to recommend things because they don't want to feel like they're trying to sell something, or they feel that it erodes their professionalism by recommending something."* (Optometrist)

- *"They didn't like the fact that my conversion rate was low so they wanted me out…"* (Optometrist)

- *"I don't care if they get glasses on at the end of the day. That's up to them…health concern for me, that's more important."* (Optometrist)

There was also some concern that these commercial pressures were having an impact on the quality of care provided to patients.

- *"There was, you know, they were, there were instances where I did feel, oh, I have to cut corners here, and then you kind of go home and think that was the wrong thing. I shouldn't have done that."* (Optometrist)

- *"What we end up doing is rushing our customers, and if they're late, we can't help it, but you know, like, if they're late, then we're under stress. And then you know…we ultimately take it out on the patient, because obviously they're late by 10 minutes, but the staff want them to be seen in the hope that… they'll get some money out of them…the manager has been… 'I'm the manager, and you see the patients that I tell you to see.'"* (Optometrist)

Interprofessional dynamics

Participants noted that an uncomfortable 'dynamic' or a hierarchy between different professional groups could exist, and at the root of this could be a lack of understanding about each other's perspectives and decision making. Others also mentioned that a power imbalance was also often prevalent between newly qualified and more experienced staff, which led to a sense that newly qualified staff 'wouldn't complain' and would put up with behaviours that other more experienced professionals would not.

- *"... you've got this like hierarchy, where you've got the ophthalmologist who think they're better than the optometrist, and then the optometrist quite often thinks they're better than dispensing opticians."* (Dispensing optician)

- *"I think there is a perception that newly qualified aren't going to speak... there's [also] a big discrepancy between the optical professionals and the store managers. It used to be that store managers had to have some sort of professional title, so they would either be like a dispensing optician or have another qualification, but now the quality in the store managers is probably not where it used to be maybe five or ten years ago. So they don't understand the optometrist. There's a difference in communication."* (Optometrist)

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Mistreatment in the workplace

This theme provides a vital context for the research, by exploring the variety of lived experiences of harassment, bullying, abuse and discrimination among optometrists and dispensing opticians in the UK.

The majority of those consulted said the behaviours they had experienced were either currently happening or had happened in the last two years, although a number contacted us wishing to talk about mistreatment that had happened previously in their career.

> ## Registrants across both professions described experiencing bullying in their role

The perpetrator of these behaviours was often colleagues or managers. Participants said bullying can occur at all professional levels, with some saying that students and those more junior to them could be responsible for this behaviour too. Others noted that they had been bullied as a junior member of the team. In fact, it was common for people to talk about feeling particularly vulnerable to this in their formative years in the industry.

The nature of the bullying described varied, and often it was performed overtly within the practice. Examples included openly aggressive behaviours, for example: a manager shouting at a registrant in front of the whole team and/or patients; or a manager slamming doors so that everyone in the practice knew that they were upset with the registrant. Telling offensive 'jokes' within earshot of participants was also described, as were instances of cyberbullying, for example, ridiculing staff on social media apps, such as WhatsApp, in groups that other colleagues also belong to.

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- *"Yeah, a director did come up to me… in my room when I had a patient in there, and [they] said, [they] started swearing. [They] said 'you are useless'. You should have seen this person before, not this person. I said, well, this [patient] is in front of me, so should we chat after? [They] said, no, that other [patient] was going to spend more money, and you've taken this [person]. So why have you taken [them]?"* (Optometrist)

- *"The previous line manager… [they] were kind of responsible for the toxic work environment, the stress. [They're] a very intense figure, quite imposing. And, you know, there's a kind of a culture of, you know, 'you don't make mistakes'. 'You meet the targets', and if you don't do that, you know you're going to be shouted at. You're going to be made a kind of an example of, you're going to kind of be humiliated or embarrassed in front of others."* (Optometrist)

However, bullying could also be more 'subtle' in nature. Importantly within this form of bullying, the pattern of behaviour was often not recognised immediately, and the impact was felt gradually. Examples of more covert bullying behaviours included:

Micromanaging. For instance, managers being scrutinising towards them but not others.

- *"I had a line manager who was an optometrist, who used to micromanage, and if you did anything wrong, he was on you like a ton of bricks"* (Dispensing optician)

Cold-shouldering. For instance, a manager or other registrant avoiding giving them work, consistently bypassing them with opportunities to give to others instead. Another registrant told us about a colleague that had been unresponsive and dismissive in their interactions with them for the last 18 months for no reason.

- *"They're going on bullying and I think when the main things for me is that it's not totally direct bullying as in them someone can be a… bit snappy, but I'll just answer them back. But it's the bullying by exclusion that people don't realise is happening. And I'll say to them, do you know what I had to say to one of them the other day, do you know what you're doing? I mean, I don't think people realise when you're saying bullying, it doesn't have to be totally direct."* (Dispensing optician)

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Manipulation. Managers manipulating others into thinking the registrant was underperforming. For instance, one registrant told us they were regularly undermined by their manager in 'all team' meetings to the point that the rest of the team began to believe they were underperforming, when they were not. Another explained that they had been publicly blamed for a failure that was the responsibility of their manager. Yet another mentioned that there had been the appearance of negative entries on their appraisal forms that were fabricated, relating to poor performance and a claim that they were 'failing' when they were not.

Unequal distribution of workloads. For instance, a registrant told us their manager made them take on all the patients that morning so they could "sit and do nothing all day".

Inappropriate communication. For instance, one registrant told us about being sent aggressive emails or text messages from managers 'nitpicking' - outside working hours, or when on annual leave.

- *"That's totally fine if it's constructive criticism based on growing you as a person, but it tended to be criticism within group settings, so where I might have had a win or a success, I was then belittled by this particular person… so then anything that I was succeeding with, everybody was there making a bit of a joke out of me. And so then that undermines my capabilities as I grow…"* (Dispensing optician)

Controlling behaviour. For example, a registrant told us about 'new rules' they felt were being made up to belittle or control them, such as being told out of nowhere that they now cannot have water in the consultation room. We also heard about the pernicious undoing of established norms to exert control. For instance, one registrant said that over the space of months on appointment of a new director he witnessed previous responsibilities being taken away from him for no reason, long-standing shift patterns that worked well for him being altered without consultation, his salary being called into question, and intensive questioning over anything that he felt could be found to show that he was 'doing his job wrong'.

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Many of the registrants interviewed said the behaviour they had experienced was discriminatory[4] based on their race and/or religion

Among those that said they felt discriminated against at work, we regularly heard stories of racial discrimination or microaggressions. To illustrate, one registrant told us how they had spoken to their manager about pay rises but in response had been told that they should think about 'going back to their country' if they wanted more money.

- *"I remember when I spoke to my manager about a pay rise, just getting more increased pay checks. And I think I got a wrong word from [them] that if I'm not satisfied with what I have, I should better think of going back to my country"* (Optometrist)

Others, particularly females with Asian heritage, spoke about discriminatory tropes being used against them. For instance, one registrant highlighted that she was told that she should not get married and have children as that is what 'they all do' and then they 'go part time'. Another said that they were told they couldn't go and do some further training 'because she was a Mum' she 'wouldn't have the time' to be there. Others from a similar background said that they had felt discrimination in the way that people had assumed they would not question authority and/or not stand up for themselves.

- *"It's more like a control… that 'I can control you'. And what I felt was being a young Asian female, there's a perception that you could probably walk over me a little bit more than if I was maybe a white male or an Asian male, and I felt that when I worked with five or six different practitioners, I was treated differently to other practitioners, because there was a perception as in, I'm not going to speak up, I'm not going to do anything. I'm too scared. So there's a… difference in the way that you're treated."* (Optometrist)

- *"I'm like, a Muslim woman, and I'm Asian as well as my background (and) the only non-white person in the whole department. So when anything would happen in terms of, like,*

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[4] *Discrimination is the unequal treatment of an individual, or the exclusion of that individual, based on protected characteristics in line with the Equality Act (2010), such as race, age, sex, religion, pregnancy or disability.*

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the news, [people] would just ask me what's going on? I'm like, I don't know what is happening in the news, to be honest..." (Optometrist)

- *"So I've heard that the problem with the profession is there's 'too many Asian women' in the profession, Asian women 'only work part time'. They probably work part time because they don't… I mean, I would work full time, but it physically harms me to work full time because I'm not supported. I work with Caucasian individuals who work part time. So why is it generalised that there's only Asian women who are 'harming' the profession?"* (Optometrist)

One participant said that after a bad experience in a high-street practice they had purposely sought a job in a hospital because in that environment there were more people of their specific background – and a great deal more international workers – and that was a comfort to them.

Patients were also responsible for discriminatory remarks, such as those based on a registrant's country of origin or identifying markers such as their accent. For instance, one registrant talked about the challenge of having an accent that marked them out as not having been born in the UK. They found it tiresome and upsetting to be constantly asked where they were from – even though they accepted that in many cases this was well-meaning, and a form of small talk, there was a feeling that patients did not know that it is offensive for non-UK born workers to be questioned about their country of origin – particularly if they felt they were doing so as a way to make a value judgement about them. Others stated they had their 'accent' mentioned when they were in fact born in the UK, and this did feel like racial discrimination.

- *"'Sorry, I don't understand your accent'. You get that a lot, and it's like, I was born in this country, so I don't really have an accent? But then when this lady was like, 'Oh, I had the same issue yesterday. The pharmacist, I couldn't understand his accent as well'. And then, you know, there's an element of racism going on there"* (Optometrist)

- *"I feel as though you get an initial judgment, you know, when they hear the name, for example, you know, once the initial pre-exam has been done, and then it's passed over to me, you can hear [registrant's name] will be with you in a minute. They're like, sorry, what's the name, who? And it's almost about like, oh, I don't recognise that name. It's*

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not a British name. And then when they see you, there's almost a prejudgment there." (Optometrist)

- *"When I've worked in England, I've had some really horrendous things said to me about being Welsh"* (Optometrist)

Underpinning such comments was a sense that registrants were being questioned on the validity of their qualifications or expertise. For instance, one dispensing optician highlighted that they often were asked about the validity of their optometrist colleague's qualifications, on the grounds that they were unsure of whether they were approved to work in the UK.

- *"I've got, so, for today, I've got a Nigerian optometrist in, I've got an Indian optometrist tomorrow. I've got a Muslim lady who wears a hijab. And the number of times I get, well, 'are their qualifications okay in this country?' And 'I couldn't understand them'…it's that kind of thing that every day, just it's the little things that drain you, and it's getting more and more, and I think …Why? Why am I trying anymore?"* (Dispensing optician)

Religious discrimination was also evident for a few in the sample. To illustrate, one participant highlighted that she had been refused annual leave across Eid but noticed that Christian colleagues, or non-religious colleagues for that matter, had no issue in being prioritised for annual leave over Christmas. Another mentioned that they were not religious, but their manager was, and so that was often a bone of contention between the pair, when this should never have even come up at work. They felt that they were at times 'ridiculed' because of certain aspects of their religious practice, that were different to their manager's.

- *"... they wouldn't let me have Eid off. And obviously I was, like, [its] a religious holiday, you know, it was really, upsetting. Also, my family couldn't celebrate it either. And again, I was the only person that was then made to work the whole time... they just said there weren't enough people in to cover the clinics. And so I remember that year Eid was over Friday, Saturday, Sunday, Monday, and I had to work all those days, and everyone else either had that either Saturday or Sunday off, and there were non-Muslims, who'd requested time off, and they'd got it approved straight away..."* (Optometrist)

The implication of this was a sense that the management team were not alive to their specific religious needs, and they felt disrespected and singled-out.

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Some of the females interviewed reported discrimination based on sex, sexual orientation, or gender

Sex- or gender-based discrimination was noted by some of the females taking part in the research. For instance, one registrant explained that she had received comments from a manager as she came back from work after maternity leave, insinuating that she had 'missed the point' of having children by coming back to work. It was felt that this comment would not have been levied at the individual had the person been male.

- *"I came back from my second maternity leave, and was speaking to my manager about coming back, and it was, 'Oh, are you coming back?' And I was like, 'Yeah, I'm coming back full time'. And his first comment was, 'what was the point of having kids then?' And I was just like… would you have asked this question if I was a man*?" (Optometrist)

Another spoke about feeling that males get more respect in the sector, in their experience:

- *"I think one of the issues that I've come across is that it's very kind of insular. They're certain groups of people, and it's very difficult to kind of get through the door in some cases. So if you're talking like about your career progression, career progression is very, very difficult, because it's sort of… jobs for the boys? There's a lot of that that goes on… I don't think I get the same level as respect as a man would in the industry"* (Dispensing optician)

This was compounded if they were also part-time workers:

- *"I have unfortunately seen regular variation between the opportunities that are afforded me as a part-time member of the team versus those that maybe even aren't as qualified as me, but that are working full time, and indeed, you know a close colleague who is a younger male has had significantly more opportunity, and yet I'm not hearing that it's because I'm not performing as well"* (Optometrist)

Another noted that they experienced discrimination as a female, but this had worsened since they had made their sexual orientation known at work:

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- *"… it has always been because I'm female, but since I came out, I think since my orientation was known at the workplace… it got heightened the fact that I was queer… I'm trying to do things and they be like, 'you're female, you can do that'… I think now they're just trying to bully me"* (Optometrist)

There was also evidence of being unfairly treated while pregnant. For instance, one registrant highlighted that they felt they had been discriminated against when pregnant because there was no thought or consideration given to the appointment time bookings to build in toilet breaks for her. Another noted that they were so sensitive to their bosses' attitude towards women from her ethnic background becoming pregnant that it was the first thing she thought about when she found out she was pregnant:

- *"… when I found out I was pregnant, I basically burst out into tears on my bathroom floor, and my husband was like, this is nuts… I did not take it very well, because it wasn't planned. And the first thing I said to my husband was, what are my bosses going to say?"* (Optometrist)

> ### For participants in this research, mistreatment related to disability was linked to a failure to make reasonable adjustments

Several registrants within this research described themselves as having a disability. However, they tended to cite other reasons for feeling discriminated against or bullied.

Where unfair treatment had been experienced relating to their disability, this related to when it was felt that special requirements (reasonable adjustments) were not acted on promptly, or that their disability was queried as a contributing factor behind the behaviour they were faced with:

- *"I face some discrimination that I can't distinguish if it's because of my disability, or maybe… I'm not just good enough to be in this profession, so but the kind of energy I expect from my colleagues, is just not the kind of energy I'm receiving, so it just makes me sometimes feel frustrated…"* (Dispensing optician)

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Harassment was perpetrated by both patients and other registrants

Fifteen participants approached the research wanting to talk about the harassment they had received at work.

Among those consulted, stories of harassment typically involved sexual harassment, such as unwanted sexual attention or inappropriate sexual advances. For instance, one spoke of an inappropriate sexual advance from a colleague that, at the time, she reported, but the complaint that she made to her manager was brushed under the carpet because there was no managerial oversight beyond them, as they owned the practice. It was noted to be particularly difficult because 'in optics we all know each other', with her suggesting that the perpetrator knew they would not report them due to social embarrassment. They also said there was 'no point reporting' this sexual harassment because the person they were reporting it to would be a close friend and business partner of the perpetrator.

Others pointed out that there had been many inappropriate comments made from patients throughout their career. For instance, one spoke about the issues faced by them working as a female in a small practice team.

- *"… we've had people in the past who specifically we've told not to be taken to a pre-screen room alone as a female because they're male and they're known to make, you know, particularly derogatory comments, sometimes sexualised comments, just, you know, inappropriate comments about what somebody's wearing or how they look. So, you know, there's safeguarding issues, I guess, that come into force here about kind of, you know, I guess females working alone in practice or in small teams that are just females"* (Dispensing optician)

- *"You know, being a woman, and if I had a male patient, then often there'd be some suggestive comments. But under the guise of just trying to be nice to you. I did have one occasion where one of the patients basically cornered me a little bit and tried to kiss me in a room, which was a bit disgusting, to be honest"* (Optometrist)

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Workplace abuse was frequently associated with patients

In discussions, 12 of 38 participants interviewed said they had experienced abuse at work, and these were predominantly associated with abusive comments or aggressive behaviours from patients. Often, this was from patients who had 'boiled over' in their frustrations, for example, relating to the cost of glasses, dissatisfaction with the glasses they had bought or the service they had received, or in their quest to get refunded for a previous purchase, or have glasses replaced. Dispensing opticians seemed to experience this often as the ones who dealt with patients the most in relation to purchases, complaints and issues. One dispensing optician said that abuse from patients was the reason they were considering leaving their job.

- *"And the patient… just sort of started shouting at me, and was, sort of, she was in my face, sort of here, and spittle was sort of flying towards me, where she was just so angry, and it was, I sort of felt like I had to take a step back, because it felt so threatening. It was just awful and so out of proportion"* (Dispensing optician)

- *"So a woman came in today and… started roaring and shouting at me and I said to her, do you want to tell me what's wrong? And I'll see if I can sort it? No, it was just one of her nose pads had fallen off… People are more aggressive, more willing to shout at you, more willing to think if they shout louder, they'll get what they want and 9 times out of 10 they do"* (Dispensing optician)

- *"I would say, currently, I really don't like my job. Unfortunately... abuse, the constant, relentless abuse, harassment, just nastiness from patient"* (Dispensing optician)

It was common for them to say that their employer typically took the patient's side in situations. They often said the attitude was 'the customer is always right'. If patients shouted loudly and aggressively enough, they seemed to be rewarded for this behaviour, especially if they bypass to 'head office' to get the outcome they want.

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- *"They can be as abusive to us as they like. We're not allowed to say anything back… because it's sales orientated, as everything is… they'll go back and [the bosses will say], oh, this complaint's been raised. You better get that sorted"* (Dispensing optician)

- *"The last one I had was literally a bloke who had broken his glasses. They were in disgusting condition, and I'd refused to replace them… [he'd] like, battered them. And he complained to us, to head office, about and said, when I've been to another competitor, they've always done it for free. Head office overruled and said, I've got to do it for free. I called him and said, 'Yep, that's fine. We've ordered you a new pair… [I'll] let you know when they're in'. He'd then come in while I was serving somebody on the other side of the department, he picked up the new glasses… instead of walking off the department, he walked round, diverted back, came to me – as a huge bloke… Got right in my face, within sort of 15 centimetres in my face, and said, 'I bet you feel dead clever now, don't you?' He was like, 'Got my new glasses. No thanks from you'"* (Dispensing optician)
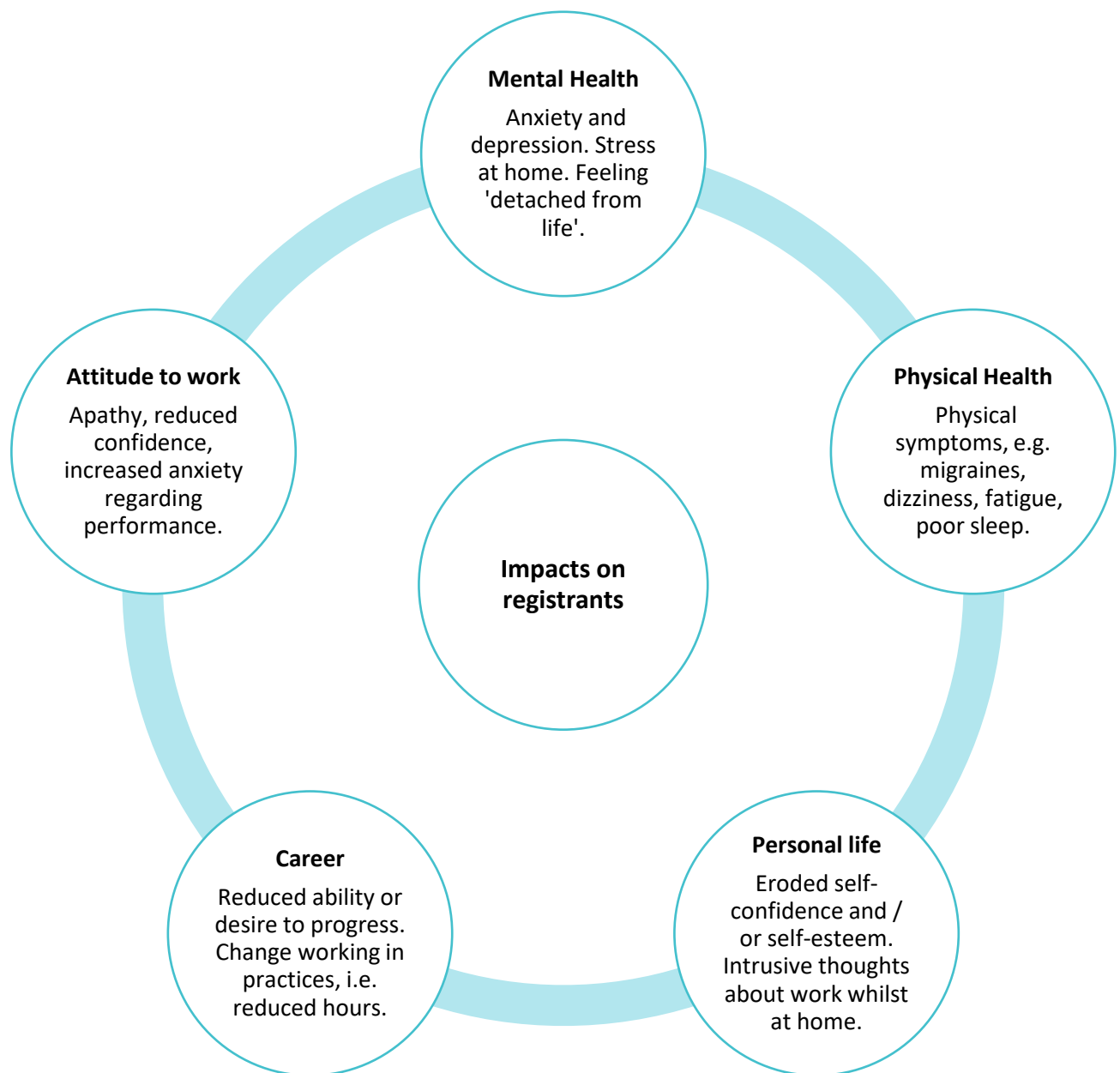
The impact of mistreatment at work on registrants and patients

Workplace harassment, bullying, abuse or discrimination had profound and ongoing impacts on personal and professional wellbeing among participants in this research

Some registrants interviewed said that negative experiences at work had to be 'brushed off' by them afterwards, for instance, when experiencing abuse from patients. Sometimes they felt they had no choice but to 'move on', irrespective of how they felt about it. However, there was evidence of other, more serious impacts, too. A range of more significant effects were identified by registrants spanning their mental and physical health, attitude towards their work and career progression, and incorporating their personal life too, as shown overleaf.

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Mental Health

Anxiety and depression. Stress at home. Feeling 'detached from life'.

Physical Health

Physical symptoms, e.g. migraines, dizziness, fatigue, poor sleep.

Impacts on registrants

Attitude to work

Apathy, reduced confidence, increased anxiety regarding performance.

Career

Reduced ability or desire to progress. Change working in practices, i.e. reduced hours.

Personal life

Eroded self-confidence and / or self-esteem. Intrusive thoughts about work whilst at home.

Participants noted the impact on their mental health as the result of being exposed to these behaviours. Many experienced anxiety and/or depression at the time that could be long lasting. Some noted that they required professional counselling to work through the experiences they had in the workplace. People said the stress of their experience cut across

their work and personal life, with them worrying about work all the time. One registrant noted that they felt like they were unable to carry out their caring responsibilities at home because they felt so exhausted by what was happening at work. Others also saw a change in their self-confidence/self-esteem for the worse. This had global impacts across their lives as a whole, as well as just in the workplace.

- *"I developed a low self-esteem because I felt I've been talked down on. I had, at some point… a counsellor… I was given some mental health training, so it helped me"* (Optometrist)

- *"It's been massive. I mean, you know, it's, it's made me question, you know, things about my character and my value as a person. It's affected my family, you know, my ability? It's affected my ability to be present with my children, because I've been so worried and stressed out about work"* (Dispensing optician)

- *"… certainly at the time, it really affected my confidence. When I left, I felt like I wasn't any good at my job. I didn't feel like particularly, I felt quite worthless, to be honest. It really, mentally, physically, I was… I'd lost a lot of weight. I was about seven stone something. I was on medication"* (Dispensing optician)

Physical effects as a response to stress were also mentioned as being experienced by registrants. To illustrate, one registrant mentioned having migraines, dizzy spells, and feeling 'detached' from life. The same registrant highlighted experiencing a relentless fight or flight response that could be triggered just by the sound of the perpetrator's footsteps across the floor to hand them a prescription to dispense. They said that they used to lock themselves in the toilet just so that they could escape the constant stress they felt in practice.

- *"I just wanted to be able to do my job and feel safe to do so without the worry of that. And you know, sort of after that, there was sort of bullying, really, it got to the point where the sound of the footsteps across the floor to hand over a dispense would make me start shaking"* (Dispensing optician)

Such experiences impacted both people's attitude towards work and career progression too. For instance, professional confidence could be impacted in the way that bullying would

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make people second-guess their clinical decision making and overthink aspects of their work to ensure that they don't make any mistakes – in this way becoming hyper-vigilant in their practice. Others felt that their professional demeanour changed so that they tended to 'shut themselves off' more within their practice to prevent themselves from feeling so exposed to further behaviours. This, in some cases, resulted in isolating them further from their team. For example, one optometrist said she felt she spent a lot of time in her consulting room, avoiding interactions with the team as well as the person perpetrating these behaviours. As a whole, these experiences led to many 'leaning out' of their career, leaving their job, and/or considering leaving the profession.

- *"I just started feeling like I don't really care too much about my work, and that that was really something I didn't want to feel because the whole point of this work is to like, you know, like, look after your patients, you know, at the end of the day. But I started to feel like, I don't really want to be in clinic and work, you know"* (Optometrist)

- *"… if you feel a lack of confidence, you feel discriminated against, and that, you then start believing that it might be something that you've done, or, you know, maybe your skills aren't as good, then you take that forward to the next day… so I think it would have an ongoing impact, and particularly if you're not resilient"* (Dispensing optician)

Notable in the research was a trend for people who carried their experiences of harassment, bullying, abuse or discrimination with them throughout their career. In particular, experiences in their formative years within the industry were often said to be a particularly vulnerable time for them, because mistreatment that made them second-guess their practice or abilities could be long-lasting. Participants admitted that this could then impact their choices in terms of, for instance, being part or full time, choosing what type of practice they worked in, or choosing whether to work as a locum or as a permanent member of staff.

- *"The main person that did this to me, like 10 years ago, he was on CPD [recently], and, you know, I saw his face and immediately had that kind of panic, and I thought, 'oh my god', that's obviously affected me a lot more than I thought"* (Optometrist)

- *"I could have brought this up and said, 'Okay, let's do a fitness to practise case', because someone's… throwing out discrimination and racism. To me, do I really want to go through that empty process? No, would I rather just leave and locum?"* (Optometrist)

- *"[Now I work in] the fairly quiet shops where there's basically no pressure. And that's where I've ended up in these roles where there's just no, no pressure from the people I work with"* (Optometrist)

There were mixed feelings regarding any perceived impact on patients

When asked about the impact their experiences had on their ability to deliver safe and effective patient care, responses were initially mixed. Spontaneous reactions from registrants were that being treated poorly at work did not impact patient safety, as they were a 'professional' and 'got the job done' safely irrespective of how they felt that day, or whether a patient or colleague was being offensive towards them. In this way, people said that patients don't get impacted because they 'swallow' their feelings.

- *"The minute I've got a patient in front of me my game face is on"* (Dispensing optician)

On deeper analysis however, this issue is more nuanced, and based on what registrants told us, safe and effective care can be impacted. For instance:

- Interactions after they had been abused by a patient also led to different care for all patients they worked with. For instance, less interpersonal, and never going the extra mile. They said that they became more 'businesslike' in their communication with them, just getting the job done and not wanting to say/do anything that may cause them to abuse them, leading to a more 'basic' experience overall for patients.

- Others wondered if their sense of general unhappiness would be felt by patients in the way that they dealt with them. For instance, people had said patients had witnessed poor interprofessional dynamics, and that may also have impacted their experience.

- Participants pointed out that some of the impacts of experiencing mistreatment at work such as bullying, can include being passed over for opportunities, or them leaving a workplace where they might have had career progression meaning that patients wouldn't be able to experience the end-benefit of any upskilling they missed out on.

  - *"I think I've changed the way that I am with my patients. So I'm less nicey, nicey, and I'm more like, this is purely business, you know, I've got a job to do. Let's do it. And more matter of fact"* (Optometrist)

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Recognising and reporting harm

This theme explores the challenges and barriers registrants faced in terms of recognising and reporting harm from harassment, bullying, abuse or discrimination at work.

The speed of harm recognition is important

Without recognising harmful behaviours for what they are, such behaviours cannot be addressed in practice. This was felt to be more difficult for the more covert behaviours described. For instance, sometimes this can be because they invite self-doubt on the part of the recipient, as they reflect on whether there was any justification for the treatment they were receiving:

- *"… when you're being introspective, you try to be objective as well and ascertain, am I actually being dramatic? Am I overthinking this? Is there basis in what [they're] saying, are there flaws in [my] capabilities? And so, you have to deal with the self-doubt first"* (Dispensing optician)

The resulting 'slower' journey to harm recognition can prolong registrants' experiences, by creating further opportunities for harassment, bullying, abuse or discrimination at work towards them and others. For example, one registrant highlighted that she thought her bosses were making caring comments based on her career development when they warned her about getting pregnant and going part time as a person from an Asian background, but it is only with time and greater experience that she came to realise such comments were completely unacceptable and cannot be justified. Some said that it was months or even years later, sometimes after they had left their role, when they realised how bad their treatment had been at the time.

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Several key barriers to disclosure were identified

Many reported that speaking up amid feeling intimated, worried, or simply drained by their experiences was challenging. To illustrate, one registrant that had experienced harassment highlighted that a combination of feeling exhausted by the experience itself, as well as worrying about negative impact of speaking up on their career, prevented them from saying anything at the time. They mentioned unease that 'everyone knows everyone' in optics (in their local area at least), and that speaking out about harassment might impact their reputation or career prospects. Another spoke about not really knowing what to do next, and as a result, stayed silent on the matter.

- *"… part of the reason I didn't speak out is because I was too exhausted… I was drained. I could have taken it further, and I chose not to, because I was, I was exhausted. I didn't want to go through that. I didn't want all the gossip, and I didn't want it going around the whole local area, you know, in optical practice, because it, everybody knows everybody, you know. I didn't want it to affect my reputation or my future employment prospects. So I think that's really difficult as well, isn't it?"* (Dispensing optician)

- *"I didn't really know what to do. Either for the longest time, I didn't say anything."* (Optometrist)

Importantly, within narratives there were several key barriers to disclosure identified, described overleaf.

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Not being able to find the right person to raise concerns to

An appropriate confidant to raise issues to was important. For example, one person mentioned that she hadn't disclosed to her new line manager as she wasn't sure if she would be able to trust her with the information, which she wanted to remain confidential between them in the first instance.

Further, if the behaviour was being perpetrated by their line manager, it could feel even more difficult to know where to go to raise concerns. Here, registrants said they would have to go up the ladder to report to a more senior person, which felt exposing. It also disadvantaged those working in smaller organisations or independent practices where there wasn't a broad senior management structure.

Worry about adverse impacts of reporting, such as threatening their reputation or career prospects

For instance, one registrant told us that he didn't mention that he was bullied for four years because he was the main income earner in his household and he was afraid to be managed out of the business by speaking up. A few optometrists mentioned that at the start of their career, pay-back penalties for training costs meant that they were 'trapped' there if reporting issues went wrong, which discouraged them from reporting. Another highlighted they felt hesitant to discuss their experiences for reputation reasons – they were afraid of getting a reputation for 'being that person' that reports a colleague. In larger organisations, people could be dissuaded from reporting because there was a perception that there would be a write up, or a complaint being 'put on their file'.

Concern about reporting behaviour with no evidence

Some noted that the behaviours they were experiencing were difficult to spot, or difficult to evidence. One highlighted that they didn't want to take their issue to the area managers, or the GOC, because they didn't have any evidence of the behaviour. Another highlighted they thought you couldn't disclose bullying to the GOC without evidence, and that a 'toxic work culture' was something so intangible they couldn't report it. Yet another mentioned they only reported bullying once other people had started to leave because of a particular person, as there was more chance of their concerns being accepted.

Low faith in change

Another barrier to reporting related to a belief held by some registrants that even if they did report behaviours, nothing would change. This was particularly the case if there had been a witness to the behaviour, yet they had done nothing. For instance, one registrant highlighted that since their manager had witnessed poor behaviour from a patient directed towards them, and done nothing, this gave them the impression that even if they did report their experiences, they might also be dismissed.

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Experiences of reporting mistreatment were highly variable

Some participants reported a positive experience when disclosing mistreatment. Overall, a sense of positivity was underpinned by several key influencing factors:

- an understanding and caring first response from the person they are reporting to;

- that person taking the issues raised seriously; and

- them working with the registrant to generate a plan for action.

However, others did report negative experiences when disclosing. For instance, one participant said that the person they reported issues to just saw their complaint as criticism and took it personally. Others talked about being belittled or dismissed on reporting issues, or that the response was careless in its delivery. For example, one optometrist highlighted that, on reporting harassment from a patient, they were told by their manager that they should feel lucky they are still 'getting attention'.

- *"When you're upset about something, they should… take it more seriously, rather than them seeing it as a criticism. So when I did raise a complaint, they were like, just annoy[ed] that I'd complained about it, and they were just like, you know, we've not done anything wrong, when you know, I was feeling very upset about things"* (Optometrist)

- *"When I reported it, I was just told that be lucky that you still get attention. I don't know… you'd leave your door ajar just to try and protect yourself a little bit, but yeah, you know the comments come, but you kind of like, learn to live with the comments, ignore them. Just be like, 'yeah, whatever'… I was crying to the retail director, and he was just saying, like, 'oh, just go and get a cup of tea and calm down'"* (Optometrist)

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Among a small proportion of the sample there was some suggestions that the person they reported to manipulated them emotionally, making them feel that they would be to blame for any consequences of disclosure.

- *"[They] said 'what do you want to do, report it?'.... 'Because if you do - they will lose their house, they will lose their job - do you want that on your shoulders...?'"* (Optometrist)

> ## A key frustration for participants was a lack of consequence after disclosure

Registrants said that sometimes they felt their concerns had been dealt with initially but there wasn't a continued effort to ensure the issues remained resolved. One noted that their manager was happy to have a word with the person that was bullying them but only in the context of that person's annual review – which meant that after they were spoken to about the behaviour, it wasn't raised again with them to check that it had stopped. A dispensing optician being bullied at work felt that the high staff turnover at their practice was leading to management avoiding addressing certain behaviours amongst staff to minimise the risk of even more staff leaving employment.

- *"I think it's now at the stage where unless we do something actually to say I want to take out a grievance, nothing's going to be done"* (Dispensing optician)

Some said it felt like their managers/business owners had not had training to allow them to confidently deal with harassment, bullying, abuse or discrimination. For example, one participant working in a multiple noted that the human resources (HR) function in their organisation 'wasn't for employees it was only for managers' to contact directly. Another said they have involved HR before in an issue, but it was then redirected back to their line manager. When thinking about reporting, it was common for people to worry about things being logged on their file, which further dissuaded them from wishing to report.

- *"… with an indie, I don't know whether it's the same in multiples, but with an independent, it is just two people, one or two people that happen to have enough money*

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to go and open a practice. They're not trained in management. There's, where's the accountability, who's, who's, you know, who's there? There's no HR, there's nothing there. What they say goes and that's it really" (Dispensing optician)

- *"… we're all trained to be essentially medical professionals. We're not taught how to run a business. We're not taught about HR. We're not taught about people management"* (Dispensing optician)

- *"… there is an HR, but it's a bit worrisome to go through HR sometimes, because then you're like, it gets flagged to your like, yeah, your Director. So then, you're like, okay, I don't want to bring this up..."* (Optometrist)

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Moving towards the future: what registrants think should be done

This section outlines registrants' own thoughts of how harassment, bullying, abuse or discrimination can be effectively addressed in the workplace. Within their narratives, specific areas for improvement were outlined, as were their thoughts regarding the role of the GOC specifically.

> ### A defined 'road map' to support disclosure was felt to be a key area for improvement

Some said that, with the benefit of hindsight, if they had acted earlier – or even at all – they might have been spared from much of the behaviour that followed. They felt that they should have been empowered to disclose and reassured of the confidentiality of discussions.

To facilitate this, there was a sense that registrants would value a road map of what to do if they are experiencing these behaviours at work. Registrants said that they would value having a named person they should talk to directly, including who to talk to beyond their direct line manager if that isn't possible and/ or the manager is implicated in the behaviours.

> ### Within this roadmap, an established leadership role was important

People wanted more dedicated time for managers or directors to deal with negative experiences in the workplace. For instance, they wanted to be invited to have regular debriefs with managers or independent people from their business (i.e. a defined leadership role) where they can reflect on and highlight any areas of concern.

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This leadership role was felt to be very important as the gatekeeper to getting matters aired and resolved because registrants would know who they could talk to and that this person had an identified duty to ensure the issues were resolved.

- *"… I would try and speak up sooner. The thing is, you've gotta find the right person to speak up to… It's really hard"* (Optometrist)

- *"I have got HR involved before, but then I was redirected back to my line manager. So now you just get to a point where you just don't do anything about it, kind of thing"* (Optometrist)

- *"Yeah, well, maybe if we had a proper manager who's doing his job, then, you know, I could probably go to them and say, look, this is what's happening. Or maybe they can directly witness it, or maybe just be a deterrent the fact that there is someone there, you know, he'd be less likely to do it, because he's kind of doing it in broad daylight, kind of in front of everyone?"* (Optometrist)

All participants wanted a compassionate response when reporting these incidents. As explored earlier in this report, some said that they felt their experiences had been invalidated or worsened by the response to them when reporting concerns. Participants wanted there to be a clear recognition of harm, and for those they report to showing they took the matter seriously and cared about resolving the issue.

- *"… one of my immediate line managers knows I get no break every single Wednesday and every single Friday… and she doesn't care…"* (Optometrist)

But above all else participants wanted the behaviour to stop and for them to move on. The manager was seen as key here in terms of being the first person with the opportunity to manage the behaviour effectively when it is first raised. They wanted them to make sure that the issue was raised appropriately and resolved. This was felt to be especially important to avoid having to take concerns beyond the manager which was felt to have potentially further negative consequences for them:

- *"I just think it should be stopped at the very first instance of it discussed… Are they aware of how the other person feels? Are they aware the consequences of it still going on? I*

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think it's only way to do it is to point out to people A. you're doing it B. you shouldn't be doing it C. don't do it again… I think you know you go to your manager first and if they're not doing anything about it, you need to go further. But there's always a danger of doing that that you're then actually alienating your manager, which you really don't want to do. And I think that's a difficulty is if it's not treated properly" (Dispensing optician)

In addition to better support from managers, others focused on a wish for better independent support within an organisation. For instance, via a human resources function, that was lacking for many:

- *"I think just having the HR department that's independent, and if you have an issue, you should be able to go to them, and they should independently investigate"* (Optometrist)

- *"I think there should be care, there should be attention, and there should be routine human resource development for every optometrist out there and every foreign worker should be protected as well and shouldn't be made to feel bad in a strange environment"* (Optometrist)

The provision of peer support was also viewed to be important

One of the challenges highlighted in the research was that once a disclosure was made it is very difficult to preserve anonymity.

- *"The problem is, obviously, if someone discloses something, it's very obvious that it's them that's disclosed it, because incidents are quite unique"* (Optometrist)

As a result, anonymous peer support was felt to be valuable to help registrants work through their situation. The rationale for this was twofold:

1. to avoid having to speak to their manager on these matters as an initial first point of call – especially if their manager is involved in the behaviours; and
2. to prevent them having to feel as though they are 'formalising' their concerns right away if they were worried about this.

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Some had previously used a peer-support line to fulfil this function, for example, the Association of Optometrists' (AOP) Peer Support Line[5], a confidential listening service for people experiencing stress or anxiety in practice. However, people pointed out non-members may not know it exists. Even among those that were aware or had used the line, some also weren't sure if such support lines were there to help them with the specific harm they were facing. For example, one optometrist highlighted that they knew about the AOP peer-support line but didn't use it when they were experiencing mistreatment at work as they weren't sure it could do much to support with experiences of racism. Another said that while they found it helpful to offload, staff were there to listen and not necessarily well-placed to help them formulate a plan or a way forwards.

- *"I guess something like, you know, like a safeguarding... with our association, there is a legal helpline, and I think there is a counselling helpline, but it'd be, it would be good to have... more awareness of about where to go to kind of get some mental emotional support [on this] and to be able to make better decisions…"* (Optometrist)

- *"I think maybe just from an advice point of view… You know what? If you thought like is this ok or is it not? What should I do next? If you could go to them and say, look, this is what's happened. Am I being unreasonable? Am I being too sensitive?"* (Dispensing optician)

- *"There should be something far, far more, I mean… like when you think, do I really want to make a formal complaint? That's a big step. But I think there needs to be some sort of mediation in place that is like, almost like a whistle blowing thing where you could, you know, you feel confident, confident, and comfortable?"* (Dispensing optician)

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[5] The AOP Peer Support Line

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Ongoing, career-long education was identified as a mechanism that could empower people to disclose mistreatment

Participants wanted education surrounding mistreatment to be ongoing throughout their careers, for instance, integrated more overtly into training curricula and continuing professional development via employers once qualified.

- *"A lot of our training is based on essentially making the right decisions covering yourself by accurate record, recognising who is vulnerable, but there's nothing that I'm aware of, and I probably would be aware of if there was, there's nothing I'm aware of in building confidence, building resilience, that kind of thing?"* (Dispensing optician)

- *"I think it would be helpful, even at university level, if they say that you know your working environment is probably going to be very much one-on-one, and you'll be alone in a room with strangers that might you know, don't know what the word is, just, you know, try on with you basically, or say inappropriate things or behave inappropriately. And because I was, I don't think anybody ever said anything, point blank like that to me in my training years"* (Optometrist)

It was felt that any training should encompass:

- Defining expected professional behaviours
- Defining inappropriate behaviours
- Resilience and confidence-building for people having negative experiences
- Information about employee rights and how to protect yourself at work

As part of any programme of learning, people felt that bringing professionals together on these issues would be important too:

- *"I think at the moment, many optometrists might feel that they are the only person that's experiencing this. But when you talk to other professionals, you actually realise that, okay, there's a lot of us experiencing this"* (Optometrist)

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- *"So previously we would have CPD events where everybody comes together... that doesn't happen as much anymore"* (Optometrist)

Registrants also felt that training needed to go beyond being considered 'another CPD package'. For instance, one participant noted that training on harassment, bullying, abuse or discrimination needs to – potentially in its marketing or delivery – be distinct from other packages of training they have to do to make sure that it is taken seriously as a key issue. It needs to bring clarity to what behaviours are classed as harassment, bullying, abuse or discrimination.

- *"Maybe need to bring a bit more of 'this is not acceptable. That's not acceptable.' It's all kind of wishy washy"* (Dispensing optician)

- *"We get a lot of, you know, 'remember that these are your obligations', although we do get a little bit around how you treat other people and bullying and harassment. I'm guilty of it myself, that even though I've been through it, I sometimes get those communications and kind of roll my eyes and go, got enough to do? Yeah? So I don't know if there's some way of, you know, from a kind of, almost like a marketing perspective, of making it a little bit more attractive for registrants to go…actually, this is important"* (Dispensing optician)

> ## A culture shift towards 'zero tolerance' was required

To discourage mistreatment, participants wanted clear consequences to be established. This was felt to be important irrespective of whether these behaviours are perpetrated by colleagues, managers or patients.

For patient abuse specifically, registrants wanted clarity on policies on this, and more overt support given to them to prevent these behaviours from remaining unchallenged.

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- *"So when you go into a supermarket or you go to a doctor's surgery, you often see these posters or it says zero tolerance, but I don't think we see that in any optometrist practice that there's zero tolerance"* (Optometrist)

- *"I'm not really aware of, like, the consequences of being mistreated in the workplace"* (Optometrist)

- *"I've spoken to colleagues, and I've said, oh, I had an awful week last week. I had this bloke come in, and he did this, that and the other, and he said some real …he said this to me that really got me. And they'll go, was he around this age? And did he look like this? And they'll go, I think I know who you're talking about... We should be allowed to warn our colleagues as professionals that actually we've had this issue, and they had their eye test with you, but they had the glasses from us, so actually we should be allowed to go back and say to them, we have a concern"* (Dispensing optician)

Alongside clarity on the consequences for people perpetrating mistreatment of others in the workplace there was a call from some for greater allyship in optics – looking out for one another and calling out bad behaviour as a collective.

- *"I think it's like health and safety. It's everybody's business, isn't it? We should all be taking care of each other. I don't know how you again, we're a healthcare profession. We should all have that in us anyway, but instilling that kind of allyship and empathy that, you know, we can't control what other people come in and say to us, but you can support your colleague if something happens to them and they've had a bad experience, to kind of, you know, actively go and be an ally for them"* *(Dispensing optician)*

It was felt that this allyship should include an industry-wide position on harassment, bullying, abuse or discrimination in the profession. People said that they wanted these issues to be spoken about openly and not 'swept under the carpet'.

- *"It should be spoken about in optical newsletters and magazines and something that isn't ignored or brushed under the carpet…"* (Optometrist)

- *"I wouldn't like to see a finger shake. I would like to see… we're all gonna have a big conversation with this"* (Dispensing optician)

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Participants felt that the GOC could have a role in the management of mistreatment in work by setting standards for acceptable behaviour and communicating consequences of breaching these standards

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Registrants felt that the GOC does have a role to play in helping tackle these negative work environments.

- *"…Yeah, it's really difficult. It's really, really difficult. You know, because, um, the standards of practice are that you should treat your colleagues with respect and dignity, just as you would treat patients with respect and dignity. The standards are set by the regulator. So I'm afraid it does fall at their door…if you end up forcing practitioners who are good, [I] describe myself as a good practitioner, and to leave that line of work, how's that serving the public? You know that's not that's not doing the right thing. And also, the public themselves are diverse, and if colleagues potentially treat each other with such prejudices, that can't be safe"* (Optometrist)

The role of the GOC was understood to be setting the standards for what is acceptable behaviour and in what registrants should do if they are experiencing mistreatment in practice. For instance, one registrant said that she would like a flow chart to explain to her how to go about handling a situation like bullying at work and the sources to consult.

- *"I guess, make us aware that they can offer support. And then what to actually do if we witness or we are, like a victim of harassment or intimidation, bullying, etc, in the workplace"* (Optometrist)

There was also a feeling that the GOC is in an ideal position to hold businesses and individuals to account:

- *"I think they should be holding multiples and directors of businesses more accountable"* (Optometrist)

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- *"I've noticed this year, we've had more training on diversity and inclusion, mandatory training. The policy should be clear [and]... reported back to [GOC] that we have trained this many individuals on diversity and inclusion"* (Optometrist)

- *"All the companies, whether you're independent, whether you don't know how it works and you're multi, you know a multi store thing, they need to go out to them and say 'do you understand how patient aggression is affecting your staff and what backup are you giving them?' Because I don't think they're aware of exactly what's going on. We will not like, continue with [this] practice if you cannot help the people working with you"* (Dispensing optician)

Participants also desired clarity from the GOC regarding the potential consequences for mistreatment. It was suggested that the GOC should voice these potential consequences to help act as a deterrent.

- *"What would happen? Because I don't want somebody to lose their job and be struck off, but if they were going to get a warning, that would be fine, that would be acceptable… It just means that if they carry on that way, then something might happen, but then that's on them"* (Optometrist)

- *"So I'm not 100% clear what it says in the GOC code of practice or whatever, it must say something about bullying and harassment and things like that. So I guess if they could kind of say, you know, it's completely unacceptable, you will be kind of severely sanctioned. You know, maybe that would make people think twice about doing this sort of thing"* (Optometrist)

- *"… And I guess people who do these behaviours kind of put on notice. You know that there will be, what's the word, penalties, if you like… it could act as a deterrent"* (Optometrist)

Importantly, they felt that this communication should include consequences for patients, and a procedure for registrants to follow if they are on the receiving end of abuse:

- *"So, if we do something wrong, there's a reaction and there's consequences. If somebody in the public does something wrong to us then and we went to the GOC, they'd go, 'oh well!' … there should almost be a framework that sets out that this is the GOC rules like if*

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we do something wrong, there's rules. There's a procedure to follow. If somebody does something to us, there's no procedure for us to follow. We need a procedure for us to follow to make sure we are keeping ourselves safe, our mental health safe, but also that the patient understands that actually, that isn't acceptable, and as a consequence, you are going to be refused eye care" (Dispensing optician)

Updating guidance on resilience in the workforce was also felt relevant. For example, people recognised that 'the sorts of characters' that perpetrate bullying will always be in the world of work – how can those being bullied remain resilient and able to deal with them better.

- *"I think maybe some level of strategies to cope with these kind of characters in our training… because the reality is, I'm not sure we'll remove these characters from the world, from the world of eye care and healthcare"* (Optometrist)

> ## To enact this, the GOC needs to clarify its role

Most research participants understood that the GOC's primary statutory duty is patient safety. However, they wanted reassurance that the GOC also has a role in fostering healthy workforce cultures to support the safe and effective delivery of patient care, and will act against perpetrators of harassment, abuse, bullying, or discrimination.

- *"I've not met anybody in optics that feels the GOC is there for them. It's about protecting the public, which I understand, that's their role. But... I just, I don't feel like they're in any way supporting me as a practitioner"* (Dispensing optician)

- *"… if they suddenly turned around and said, 'we want to look after our workforce'. I think the workforce would go, what's your ulterior motive? I don't think we'd believe it, because they've… they don't come across as protecting optometrists. They come across as protecting the public, which isn't to say they're against us. I'm not saying they're against us, but they don't come across as… we'll come and give you a hug"* (Optometrist)

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- *"I think the GOC have a history… have a poor reputation for being supportive"* (Dispensing optician)

- *"GOC website, it says, we're here actually to protect the public. So, it's not about protecting the practitioner. So, it says very clearly for the public use, so long as the public have a competent clinician in front of them who does all these checks, doesn't really it, doesn't really talk about work culture…"* (Optometrist)

Given this, registrants could see the GOC as being 'the last resort' for where they might report issues, because of the formality and seriousness they associate with reporting to them. Accordingly, people were not always comfortable with the thought of approaching the GOC about these sorts of matters.

- *"It's like a death sentence if you report something to the GOC"* (Optometrist)

- *"The GOC need to… and I appreciate they are trying to do something… but they need to understand that any bullying or anything like that, we always feel like we're on the back foot, because we could be put in a position that's worse"* (Dispensing optician)

- *"If the GOC is involved as well. It's quite official. So I don't know if people would go that route, because it is such an official thing"* (Optometrist)

- *"I think the concern I have is fear of it coming back, the GOC coming back and saying to me, yes, they did all that. Yes, they abused you. Yes, they spoke to you like absolute dirt, but you forgot to mention that, that one thing. So actually, I'm going to take you to a failure to practise for that..."* (Dispensing optician)

The GOC was also perceived as an organisation that may take time to respond to queries, and one or two mentioned that they need a swift response to be taken, otherwise they will continue to suffer:

- *"I thought, I wonder what would happen if I reported him to the GOC. But you know it's just a whole can of worms. You know, things move incredibly slowly. I know at the moment, cases that happened three, four years ago being heard now, so would that have helped me? It wouldn't"* (Optometrist)

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As a result, one pointed out that they would like there to be a complaint process for this that is separate from the fitness to practise process:

- *"… but one thing they could do is have a complaints procedure that isn't a fitness to practise issue, but isn't so little that it's that it's just flippantly thrown away. Do you know, I mean, like something kind of in between would be useful because, because I don't think it's a fitness to practise issue necessarily, but ultimately, they are going against one of the GOC standards of practice"* (Optometrist)

Summary of findings and participants' suggested actions

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Summary of findings and participants' suggested actions

Within this research, participants explained that they had been subject to a wide variety of negative behaviours. These include multifaceted reports of workplace bullying, verbal abuse from patients, and harassment based on gender, ethnicity and religion. Importantly, their narratives revealed that the impact of this mistreatment was long lasting and had potentially severe consequences on both the professional and personal lives of registrants. There was also a sense from some that mistreatment may have affected the quality of care they were able to provide patients.

A key finding of this research is that disclosure of mistreatment can be challenging. It was recognised that fast disclosure was important, however several inhibiting factors were identified that prevented this. Uncertainty around who to disclose to, concerns about adverse impacts of disclosure, worry that disclosure had to be accompanied by firm evidence and a lack of belief in the impact of disclosure all served as barriers.

Despite the complexities of mistreatment, the deep impacts it may have and multiple barriers to disclosure, registrants were able to suggest ways in which mistreatment can be more effectively addressed. These are summarised overleaf.

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The development of a defined 'road map' detailing what to do in situations of mistreatment and, critically, who should take a leadership role in different situations

The development and communication of effective and knowledgeable peer support networks for registrants

Career-long education regarding how to recognise and act upon mistreatment, to help empower registrants

Work to promote a change in culture across the sector to one that promotes zero tolerance for mistreatment of staff

Leadership from the GOC to provide industry wide communication of both expectations of appropriate behaviour and consequences if these expectations are breached

Appendices

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Appendix A: Research methodology

Interviews were conducted online to aid geographic spread of participants, and to ensure people could take place flexibly at a time convenient to them. Each interview lasted between 45 minutes and an hour.

All fieldwork was carried out February - April 2025.

Given the sensitive nature of discussions involving mistreatment or the experience of challenging work environments, interviews were carried out using a trauma-informed approach. This included ensuring that registrants felt safe speaking to us and were not retraumatised by the telling or re-telling of difficult narratives. Space was given to allow interviews to be participant-led, and opportunities to pause the interview given as needed. In line with the Market Research Society Code of Conduct (2023), all participants were reminded of their right to refuse to answer any questions they felt uncomfortable with or stop the interview at any time. They were also reminded of their right to anonymity and confidentiality in taking part. All participants were asked before leaving the interview if they were okay, and where relevant signposted to additional sources of support, as shown in the discussion guide. All participants left interviews reassuring us of their wellbeing.

All interviews were audio-visually recorded for data collection purposes and transcribed to allow us to draw from data accurately. Qualitative analysis was iterative and carried out throughout the project to allow emerging insights and themes to be fed back into discussions for the purposes of triangulation. Regular analysis/debrief sessions were also carried out among the fieldwork team to reflect on the credibility of findings as they emerged, and to further develop insights across the fieldwork period.

Some of those taking part were still experiencing negative work environments in their practice, and in some cases this behaviour had not been disclosed. Accordingly, to protect the confidentiality and anonymity of people in this situation, and any others taking part, examples given of any of the negative behaviours in practice have been generalised where necessary. Similarly, where verbatim has been provided, this is categorised based on the

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professional group that each participant belongs to, not via other demographic variables (such as age, gender, ethnicity or location of practice).

Sampling criteria

All participants were qualified and registered optometrists or dispensing opticians working in the UK.

All had experience of harassment, bullying, abuse and/or discrimination at work, either as a single issue or to have experienced multiple issues. As part of this, it was important to ensure the inclusion of voices in the research from those more likely to experience these negative environments at work such as females, under 54s, those from an ethnic minority, or those that identify as having a disability.

Student optometrists and dispensing opticians were beyond the scope of this study (although registrants were able to reflect on their pre-qualification or formative years as part of discussions).

We incorporated a mix of additional study-specific variables in the sample. These were:

- **Length of time in practice.** The sample incorporated a wide range of individuals from those who have been registered within their profession for several decades, to those who are relatively newly qualified in their role.

- **Practice environment**. To explore differences in experiences across different practice environments we included registrants who work in a range of different types of workplaces. These included those that worked in large multiples, independents, those that used to work in a multiple or independent and have recently moved to work in a hospital, and people working across academia and practice.

- **Working patterns.** The sample included a mix of those who work full-time, part-time and as a locum. This included representation of those that are contracted part-time and top-up with locum work, and those who purely work as a locum.

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Recruitment

All registrants taking part opted-in voluntarily.

Over the course of the research, we publicised the study via the GOC website, their registrant e-bulletin, and with the help of the wider sector who promoted the research via various channels, for example, articles, newsletters and online posts.

Participants signed up via an online link and were then followed up individually by Explain to book them in for an interview at a suitable time for them. All were screened at the point of recruitment to ensure that they met the recruitment criteria.

To encourage participation, aid appointment retention, and to thank registrants for their time, all completing an interview with us were paid a cash incentive or vouchers to the value of £70.

Explain wishes to thank the General Optical Council and all stakeholders that helped promote this study.

Interpreting the findings in this report

It is important to note that while insights provided here fully represent the views of those taking part, these cannot be extrapolated as representative of all in each of these groups of interest.

People that have taken part will be referred to as 'participants', 'registrants', or where relevant via their professional title of optometrist or dispensing optician. Throughout the report we will be referring to behaviours that incorporate harassment, bullying, abuse, or discrimination. Where these negative behaviours are referred to generally, the overarching term 'mistreatment' will be used.

Appendix B: Discussion guide

Discussion guide: In-depth interviews with registrants

Discussion guide – 60 minutes

Timings	Section
5 mins	### Introduction - *Thank you for agreeing to take part in this discussion today. My name is X and I work for Explain Research – we're an independent research agency and have been asked to speak with GOC registrants to find out about experiences of bullying, abuse, harassment and discrimination at work.* - *These are not nice experiences for people to have and I thank you for agreeing to share your experiences of some of these things with us today.* - *I'd like to reassure you first and foremost that this research is confidential, and our findings will be made anonymous so that no individual will be identifiable from our report to the GOC. We will not be feeding back anything you say about individuals to the GOC at any point.* - *Secondly, I want to acknowledge that these are challenging topics for discussion and so please take your time when talking to me. If at any point you need a break, we can do that. If at any point you wish to stop we can do that. My goal is not to upset you by this conversation so please be reassured that the decision to stop at any time is yours.* - *There are no right or wrong answers in your response today, I'm just hoping to understand your thoughts and experiences and while I have some questions in front of me I will be guided mostly by your story and experiences.* - *To let you know about why GOC are doing this research – it is to build on their most recent registrant survey which showed that these experiences are happening – particularly among certain groups of registrants - to find out about how bullying, abuse, harassment and discrimination at work is affecting their registrants/their ability to deliver safe and effective care, and most importantly, what they want the role of the regulator / wider sector to be in helping to tackle these negative experiences and behaviours in the profession.* **Interviewer to state:** - MRS Guidelines: Right to refuse / anonymity. - Recording: We will be audio / audio-visually recording this discussion in line with MRS Code of Conduct. The recording will be stored on our secure servers and no one outside of the research team will have access to this. Can I confirm that you are happy for me to record this discussion? **Start recording, record consent.**

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	- Any questions? Okay to begin?
10 minutes	## Current job role and feelings towards the profession **Context for discussions – conceptualising current work environments** - *To start, can you tell me about your background and role?* - **What is your current job role?** o Optometrist/DO o Full time / part time / locum o Length of time in practice (how long in current role / how long qualified) o Any additional qualifications - **Can you tell me a bit about your practice?** o Where do you work? (NOTE: they can be general if they don't want to disclose fully) o Is it a large/small team? o Do you line manage or supervise others? - **How do you feel about your job?** o Do you enjoy it? What bits more / less so? o How would you describe the culture at work? Why do you say this? o Has anything changed over recent years to improve how you feel about your job / profession? Has anything changed for the worse? What and why? o Have you ever thought about leaving your job/the profession? Why? o [IF ANSWERS YES TO THOUGHT ABOUT LEAVING] What do you think needs to be done, on a general basis to prevent you from doing so?
30 minutes	## Exploring bullying, harassment, abuse or discrimination ## Generating registrant accounts relating to experiencing bullying, harassment, abuse or discrimination at work (20 minutes) - *I'd like to move on to talk about the reason that you signed up to take part in this research. Thinking about experiences of bullying, harassment, abuse or discrimination:* - *What was the reason or reasons you're here today? Tell me, in your own words, in as much detail as you feel comfortable doing, about what has been happening.* - **What happened?** o When did it happen? Where did it happen?

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- How long has this been happening? Was it a one-off event or did it happen a lot? Is it something that continues to happen?

- [UNPICK IF BEHAVIOUR FELT LIKE BULLYING, ABUSE, DISCRIMINATION OR HARASSMENT] **How would you <u>describe</u> what happened to you – are the words [use as appropriate] 'bullying', 'harassment', 'abuse' or 'discrimination' a fair / accurate way to describe this?**

    - [If behaviour felt like bullying…check forms of bullying they experienced (e.g. verbal, physical, being left out / exclusion / undermining)]

    - [If behaviour felt like harassment / abuse / discrimination – what forms did this take?]

    - If you wouldn't describe the behaviour in this way, how would <u>you</u> define it?

- *Thinking about your experience and its impact in more detail…*

- <u>**Who was responsible**</u> **for this behaviour towards you?** (Note: job roles not names, maintain anonymity.)

    - Spontaneous

    - PROBE: Colleagues, managers and patients.

- **What in your view was the <u>intention</u> of this behaviour – why was/is it happening?**

    - Did they want to intimidate / humiliate / undermine – etc?

    - What was the motive?

- **And so how did it <u>make you feel</u>?**

    - In the moment?

    - Now, reflecting back?

- **What was /continues to be the <u>impact</u> of this experience on you?**

    - **Your ability to do your job the way you want to**

    - **Your work with colleagues / patients**

    - **<u>Your ability to deliver safe and effective patient care</u>**

    - **Your own mental health / wellbeing**

    - **Impact, if at all, on career progression?**

        -

- **What, if anything, did you do / are planning <u>to do about it</u>?**

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- o E.g. <u>Disclose</u> it (if so to whom?), <u>report</u> it (you or another colleague?), or <u>keep it to yourself</u>). Why are you taking this approach?

- o Are you looking to <u>make a complaint</u> about the experiences you've had? Why / why not? Where will you make the complaint to?

- o Did you or would you consider reporting this to <u>another organisation</u> (e.g. a union or a professional body) why / why not?

- o Does your organisation have any <u>policies</u> on this you're aware of? Do you feel supported to report these types of behaviours? Why / why not?

- o If you didn't report it / haven't decided on whether to report, can you tell me why?

- o What was the <u>outcome</u> of any actions you took? What happened as a result?

- o Are you <u>satisfied with the outcome</u>? Why / why not?

- **Will this experience make you more likely to:**

    - o Move jobs?

    - o Reduce hours?

    - o Move to locum work?

    - o Leave the profession?

    - o Any others?

        - For each, why?

- **And just to reflect back on work culture, have you witnessed <u>others experiencing this</u> too?**

    - o Have you noticed any changes in their ability to deliver safe and effective care?

    - o On a wider professional level, what impact, if any, can these types of behaviours have on other registrants and their ability to carry out their job effectively?

Registrant views on what should be done (20 minutes)

- *Thinking about what happened to you – and to reiterate, I am sorry that you have had these experiences, and thank you for sharing them with me – I want to find out about what you think should be done, within your profession, to stop these sorts of behaviours in the future.*

- **First of all, what do you think went wrong to allow this behaviour to happen?**

    - o Why is it happening to you / others?

- **How do you think bullying/discrimination/abuse/harassment can be effectively addressed in workplaces like yours?**

		o Spontaneous views
		o Where does the <u>responsibility lie</u> to tackle these sorts of behaviours?
		- PROBE: Managers, employers, parent companies, membership bodies, unions, regulators, themselves – any mentioned – for each – what's their responsibility?
		o What are your views of the role of the GOC in relation to these sorts of behaviours? Probe awareness / views of GOC dealing with these concerns (e.g. through FTP where registrants are not meeting the standards).
		- **What could <u>the GOC</u> do to better support you / other registrants experiencing these types of behaviours in the workplace?**
		- **On the whole, <u>employers</u> will tackle these sorts of behaviours - what can they do better?** Spontaneous views.
		- **What can the <u>wider sector</u> do better (and by wider sector we mean other employers, associations or membership bodies, unions, etc. could they help support more too? How?)**
		- **What advice would you give to someone else in the same role as you experiencing bullying at work elsewhere?**
5 minutes		## Thanks and close
		Thank you for all of your time today, we really appreciate your honesty in telling us what has happened to you at work. As I said earlier Explain work to Market Research Society Code of Practice, this means that the things you have said today will be anonymised within our report. That means that we will never attach your name to anything that you have said, and we will never pass your details on to any third party including the General Optical Council that have asked us to come and speak to you today.
		SIGNPOST TO ACAS / BACK TO EMPLOYER / UNION / OR SAMARITANS IF EVENTS EXPERIENCED HAVE BEEN DISTRESSING FOR THEM
		- **Before we go, what is the one message you would give to the General Optical Council to help them in their work to tackle negative work environments for people like you experiencing the things we've talked about today?**
		Thank you again for your time.
		Stop recording.
		- Arrangements for incentive payments. Add to the tracker.
		Close.

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Report check: Kirsty Laing

Final sign off: Kirsty Laing