



# Bullying of trainee doctors is a patient safety issue

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## BACKGROUND

**W**orkplace bullying is a matter for concern to employers because of its impact on staff health,

productivity and retention. In the case of doctors in training, it may impact on their learning and their ability to provide safe patient care. Some bullying behaviours may be motivated by a desire to

improve performance,<sup>1</sup> but the impact on recipients is likely to have the opposite effect. A trainee who feels humiliated and undermined by a senior colleague will not find it easy to ask

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questions, or to seek support from him or her.<sup>2</sup> Persistent destructive criticism, sarcastic comments and humiliation in front of colleagues will cause all but the most resilient of trainees to lose confidence in themselves.

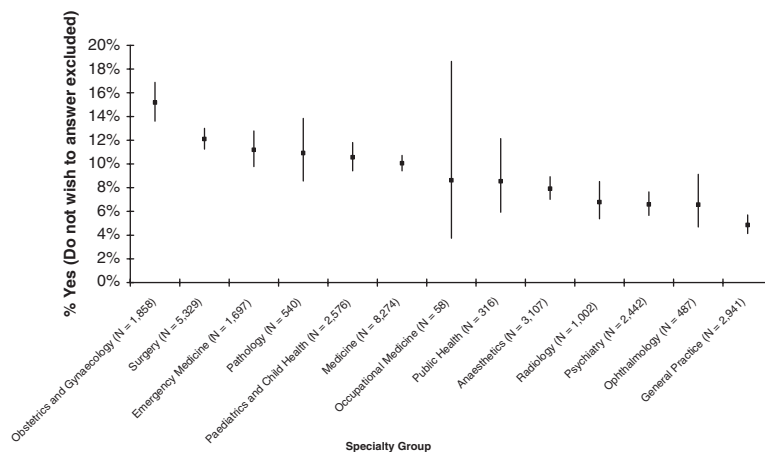
So why does it happen? Health care is stressful. Dealing with death, disease and suffering is emotionally draining, and can lead to early burnout. Demands exceed capacity, and medical practice is unforgiving of human error or 'off days'. Consultants who feel burnt out and alienated may take their disaffection out on junior colleagues, leading to a climate of anger and disillusionment.<sup>3,4</sup> Stress, burnout and overload are factors in the under-performance of supervisors,<sup>5</sup> and bullying is one manifestation of this poor performance.

The reported prevalence of workplace bullying depends on the definition of bullying, the population surveyed and the timeframe in which the bullying occurred. A useful definition of bullying and harassment was presented in a recent British Medical Association (BMA) report on bullying:<sup>6</sup>

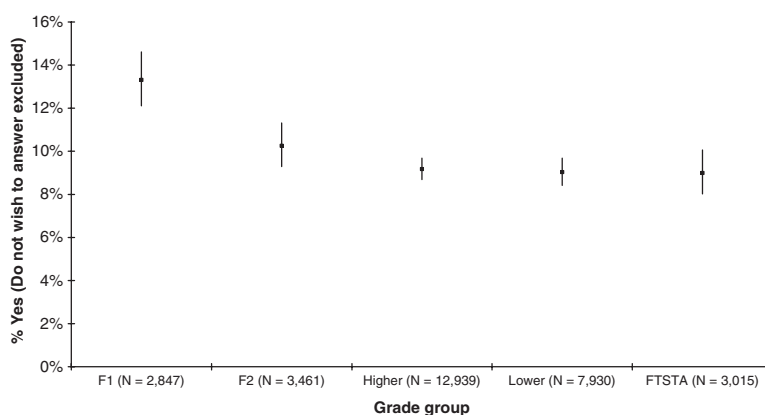
**Bullying is persistent behaviour against an individual that is intimidating, degrading, offensive or malicious and undermines the confidence and self-esteem of the recipient. Harassment is unwanted behaviour that may be related to age, sex, race, disability, religion, sexuality or any personal**

**characteristic of the individual. It may be persistent or an isolated incident.<sup>7</sup>**

In a survey of UK junior doctors, 37 per cent of respondents reported being bullied within the last year. Female doctors and those from ethnic minorities were more likely to report being bullied.<sup>8</sup> In a survey of psychiatric trainees in the West Midlands, 47 per cent had experienced bullying within the last year, and again this was more likely among ethnic minorities and females.<sup>9</sup> A survey of doctors in training in hospitals in London found that 18 per cent had been subjected to bullying within their current post – reported prevalence among trainees who were female, more junior, and who were not UK graduates, was higher.<sup>10</sup> In 2006 the Postgraduate Medical Education and Training Board (PMETB) and the Conference of Postgraduate Medical Deans (COPMeD) surveyed trainees across the UK about their training posts.<sup>11</sup> The question used (quoted below) was one that had been used in previous studies.<sup>2,10</sup> The prevalence of reported bullying was 10.5 per cent ( $N = 23\ 198$ ). This survey did not include trainees in the first two years of training (Foundation doctors), and it used a variety of methods for distributing the questionnaire.



**Figure 1.** Have you been subjected to persistent behaviour in this post that has undermined your professional confidence and/or self-esteem?



**Figure 2.** Have you been subjected to persistent behaviour in this post that has undermined your professional confidence and/or self-esteem?

## AIMS OF THE CURRENT STUDY

Reports of bullying among doctors in training have raised awareness of the problem, and employers and postgraduate deans have taken steps to tackle it. We set out to discover the current prevalence of bullying across all grades and specialties of doctors in training, and in all settings in which the training occurred. We wanted to explore which trainees were most affected, the source of the behaviour, and the impact this behaviour had on their educational experience, clinical

practice and intention to leave medicine.

## METHODOLOGY

PMETB and COPMeD run an annual National Survey of Trainee Doctors.<sup>11,12</sup> All of the trainee doctors in PMETB educationally-approved posts were targeted in the second of these surveys. The survey was administered using an online form: trainee doctors were sent an individual email requesting their participation; reminders were sent to those who did not respond. Confidentiality was assured. The survey was carried out between November 2007 and February 2008. Full details of the methodology are available in the PMETB 2007 summary report.<sup>12</sup> The stem question concerning bullying was 'Have you been subjected to persistent behaviour in this post that has undermined your professional confidence and/or self-esteem?'

## RESULTS

The response rate was 66 per cent (33 329 out of 50 240 valid emails). For the whole sample, the reported prevalence of bullying was 9.7 per cent.

Figures 1 and 2 illustrate the variation in perceived bullying across specialty groups and grade groups, respectively. The grade groups are Foundation years 1 and 2 (the first postgraduate years), lower specialty training (the next 2 or 3 years, depending on the specialty) and higher training (the final years of specialty training). Fixed-term Speciality Training Appointments (FTSTAs) are one-year appointments, mostly at the level of lower specialty training.

Prevalence was highest in doctors working in obstetrics and gynaecology, and amongst doctors in Foundation year 1. For the

respondents who reported bullying, the source varied by grade group (Table 1). Foundation doctors were more likely to report bullying by other trainees and nurses, whereas higher specialty trainees were more likely to report bullying by consultants.

Logistic regression analysis using demographic variables: the specialty and grade groups showed that, after accounting for difference by specialty group and grade group, female trainees and trainees from ethnic minorities were more likely to report bullying. Trainees reporting a disability were also more likely to report bullying.

Expanding the model to include other survey variables in the logistic regression showed that trainees who reported bullying were more likely to report poor clinical supervision and a higher workload, and thought about leaving medicine more frequently. Table 2 compares trainees who reported bullying with those that did not, against measures of clinical supervision and workload, to illustrate these differences.

This same logistic regression incorporating the other survey variables found that trainees who reported being bullied were more likely to report having made one or more serious, or potentially

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Figure 3. Istockphoto.com/mauro scarone vezzoso by PMETB for use in PMETB activity.

**Ethnic minority respondents were more likely to have felt the behaviour was linked to their identity**

**Table 1. Source of perceived bullying**

Grade group	Consultants	Other trainees	Nurses	Managers	Patients or relatives	The whole culture at work	Other	Midwives	<i>N</i>
Lower	35.2%	16.5%	17.7%	3.6%	2.1%	10.5%	7.7%	6.7%	716
Higher	61.9%	5.9%	6.3%	5.0%	1.0%	11.3%	6.7%	1.9%	1,186
F1	21.4%	29.8%	29.6%	1.6%	1.8%	10.8%	5.0%	0.0%	379
F2	31.3%	22.5%	20.8%	2.0%	1.7%	12.7%	5.9%	3.1%	355
FTSTA	35.1%	19.9%	17.3%	2.2%	0.4%	14.8%	8.5%	1.8%	271
Total	43.8%	15.0%	15.0%	3.6%	1.4%	11.5%	6.8%	3.0%	2,907

serious, medical errors in the last month (18.7%, *N* = 2863, compared with 11 per cent, *N* = 27 086).

Respondents who reported being bullied were asked 'Do you feel this behaviour was/is related to your personal identity (i.e. your ethnicity, sex, sexual orientation or religious beliefs)?' Male and female respondents did not differ in their responses to this: in both cases, just over 22 per cent felt the behaviour was linked to

their identity. However, respondents from ethnic minorities were more likely to have felt that the behaviour was linked to their identity, with 33.4 per cent answering yes, compared with only 13.8 per cent of the other respondents. This difference is far greater than the difference in reported bullying between trainees from ethnic minorities and other trainees: 10.7 per cent of trainees from ethnic minorities reported bullying, compared with 8.4 per cent of the other trainees.

## DISCUSSION

Doctors in training, like all employees, have the right to be treated with dignity, respect and consideration. They should not be subjected to behaviours that undermine their self-confidence and professional self-esteem. Not only is such behaviour stressful for them, it is bad for retention within the profession, and is unsafe for patients.

**Table 2. Reported bullying and other survey items**

Item	Group	Weekly or daily	<i>N</i> (varies as a result of the N/A options that are excluded from the analysis)
In this post, how often have you felt forced to cope with clinical problems beyond your competence or experience?	Trainees that reported bullying	29%	2,981
	Trainees that did not report bullying	12%	27,740
In this post, how often, if ever, have you been supervised by someone who you feel isn't competent to do so?	Trainees that reported bullying	13%	2,981
	Trainees that did not report bullying	2%	27,740
In this post, how often have you been expected to obtain consent for procedures that you do not carry out yourself?	Trainees that reported bullying	24%	2,650
	Trainees that did not report bullying	14%	23,493
In this post, how often do you work beyond your rostered hours?	Trainees that reported bullying	71%	2,981
	Trainees that did not report bullying	51%	27,740
In this post, how often has your current working pattern left you feeling short of sleep when at work?	Trainees that reported bullying	45%	2,981
	Trainees that did not report bullying	21%	27,740
How often do you consider leaving medicine and pursuing an alternative career?	Trainees that reported bullying	33%	2,972
	Trainees that did not report bullying	16%	27,698

## Box 1. What can be done to tackle workplace bullying?

- Developing policies and raising awareness. NHS Employers have a model policy and campaign materials. (13)
- Providing a safe way of raising concerns and getting support.
- 'Training the trainer' courses that cover workplace bullying.
- Multisource feedback and appraisal that helps people recognise when their own behaviour may be perceived as bullying.
- Coaching for those who need to modify their behaviour.
- A culture of zero tolerance is needed i.e. challenging bullying behaviour must become everyone's responsibility, not just that of the victim. (6)

In this study we have demonstrated a clear association between reported bullying and poor clinical supervision, long hours and sleep deprivation. As with most other studies of workplace bullying, we have shown that the prevalence of reported bullying is highest among recent graduates, women, doctors from ethnic minorities, and those reporting disabilities. The observation that those from ethnic minorities were most likely to attribute the bullying to their personal identity has important implications. Most worryingly, we have shown an association between reported bullying and reported serious or potentially serious medical errors. Of course, statistical associations do not imply causality: it is not possible to determine from these data whether the reported bullying leads to an increased probability of reporting making errors, or vice versa. It may be that they are both outcomes of poor clinical supervision. But, whichever way you look at it, bullying is a patient safety

issue, and should be taken seriously.

The prevalence we found was lower than in other studies of junior doctors, but it should be noted that: this study included trainees in a primary care setting, as well as those in hospital; the question referred only to persistent behaviours that had a negative impact on the recipient; the question dealt only with behaviours encountered in the current post (most of our respondents had been in their current post for 6 months or less). With this baseline having been established, future national surveys using the same method will provide an important means of tracking the progress made in reducing the prevalence of bullying.

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**Challenging bullying behaviour must become everyone's responsibility, not just that of the victim**