Cite this article as: BMJ, doi:10.1136/bmj.38133.502569.AE (published 15 July 2004)

Papers

Bullying among doctors in training: cross sectional questionnaire survey

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Workplace bullying is associated with stress, depression, and intention to leave. It is an important issue for the health service because of its potential impact on staff health, retention, and patient care.[1 2] In a recent survey of UK doctors in training, 37% said they had been bullied during the past year.[3] To understand the problem better, we investigated how commonly doctors in training experienced persistent and serious bullying, who were the sources of this behaviour, and what action was taken to deal with it.

Participants, methods, and results

We conducted a cross sectional questionnaire survey of doctors in training in London north of the Thames, using electronic survey units followed up by postal questionnaire, as described previously.[4] Our sample was defined as all trainees available at the time of the survey in participating trusts. The survey included four questions on bullying. The stem question, derived from one used by Hicks,[2] was: "In this post, have you been subjected to persistent behaviour by others which has eroded your professional confidence or self esteem?" The analysis of differences between group frequencies was calculated using the χ^2 test with adjusted residuals.

All 21 hospital trusts and six of the seven community and mental health trusts took part. The response rate overall was 72% (2730/3779), with rates for individual trusts ranging from 40% to 98%. The stem question was answered by 2673/2730 (98%) of respondents, three of whom did not record their sex and five of whom did not record their grade. These included 357 (13%) preregistration house officers, 1124 (42%) senior house officers, and 1188 (44%) specialist registrars. This distribution over-represents preregistration house officers, who make up 10% of the trainee population. Respondents included 1429 (53%) men and 2090 (78%) UK graduates.

"Yes" responses to the stem question were given by 484 (18%) respondents, ranging from 6% to 38% in different trusts, unrelated to type of trust. A yes response was more likely the more junior the grade (table). The table also shows analysis of who the main source of this behaviour was and whether the respondent had complained (and if not, why not). Only 153 (32%) respondents had complained, with no significant difference between the grades, but we found highly significant differences between the training grades in the source of the behaviour and in the reasons for not complaining. Consultants were the source in 130 (27%) cases, including 43 (54%) of the 80 respondents who were afraid of the consequences of complaining. Yes responses to the stem question were more common in women than men (21% (262/1241) *v* 16% (222/1429)), significantly so among senior house officers, but the pattern was the same. Yes responses were more common among non-UK respondents (21% (120/580) *v* 17% (364/2090)), significantly so among specialist registrars.

Comment

We found the prevalence of bullying to be lower than previously reported, but the question we used was framed to include only behaviours that were persistent, had a negative effect on respondents, and had occurred in the current post. London has a higher concentration of teaching hospital trusts than other areas of the country, but as we found no correlation between type of trust and the prevalence of bullying, these results are likely to be representative. Most of the negative behaviours were perpetrated by other doctors, in a pecking order of seniority, although nurses and midwives were an important source for junior grades. For bullying to be tackled, trainees need a safe means of complaining. They also need to be made aware of the impact that their own behaviour may have on colleagues. It should be recognised that some of the behaviours that erode trainees' professional confidence or self esteem may be attempts by trainers to improve their performance.[5] An educational rather than a punitive approach is needed to help trainers develop effective ways of encouraging better performance without becoming a source of distress to junior colleagues.

We thank Ray Flux of CivilEyes, who conducted the survey.

Contributors: EP planned the study, analysed the results, and drafted the paper; she is also the guarantor. MA managed the survey and collected the results. AH and JF-C commented on the plans and helped with the final draft.

Funding: No external funding.

Competing interests: The London Deanery is reponsible for quality assurance of training in the area concerned.

Ethical approval: Not required.

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doi 10.1136/bmj.38133.502569.AE

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P+ *Five tables of further data about the respondents and their responses are on bmj.com*

Seniority of trainees and workplace bullying. Values are numbers of respondents (percentage in grade)

Question	Preregistration house officer	Senior house officer	Specialist registrar	Total
In this post, have you been subjected to persistent behaviour by others which has eroded your professional confidence or self esteem? [stem question]†				
Yes	90/357 (25)	225/1123 (20)	168/1188 (14)	483/2668 (18)
If yes, which of the following is the main source of undermining, bullying or harassing?*‡				
Managers	4/90 (4)	16/223 (7)	15/163 (9)	35/476 (7)
Consultants	4 (4)	47 (21)	79 (48)	130 (27)
Other trainees	38 (42)	58 (26)	26 (16)	122 (26)
Nurses or midwives	21 (23)	57 (26)	13 (8)	91 (19)
Patients or relatives	10 (11)	18 (8)	5 (3)	33 (7)
Other	13 (14)	27 (12)	25 (15)	65 (14)
Have you complained to anyone about this?*§				
Yes	30/90 (33)	66/224 (29)	57/167 (34)	153/481 (32)
No	60 (67)	153 (68)	107 (64)	320 (67)
Don't know	0	5 (2)	3 (2)	8 (2)
If no, what is the main reason why you have not complained?*¶				
Not sufficiently serious	18/59 (31)	50/151 (33)	30/105 (29)	98/315 (31)
Afraid of consequences	10 (17)	35 (23)	35 (33)	80 (25)
Not sure how to complain	6 (10)	11 (7)	5 (5)	22 (7)
Problem will go away	6 (10)	13 (9)	4 (4)	23 (7)
Dealt with it myself	19 (32)	28 (19)	24 (23)	71 (23)
Other	0	14 (9)	7 (7)	21 (7)

A further respondent who answered yes to the stem question did not give her grade, so her details are not included in the analysis in this table.
*Multiple responses could not be entered. Not all respondents answered every question.
†Pearson χ^2 test, 27.567; df 2; asymptotic significance (two sided) <0.001.
‡Pearson χ^2 test, 87.787; df 10; asymptotic significance (two sided) <0.001.
§Pearson χ^2 test, 2.945; df 4; asymptotic significance (two sided) 0.567.
¶Pearson χ^2 test, 18.354; df 10; asymptotic significance (two sided) 0.049.

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