

The impact of bullying and harassment on the mental health of junior doctors in the UK: a qualitative study



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1. Background

- Doctors under increased pressure → increased risk of mental health problems – bullying & harassment influence this.
- Bullying & harassment = behaviour that makes someone feel intimidated or offended.
- 20-40% doctors = bullied in the last 12 months.
- Bullying & poor mental health = linked repeatedly → increasing anxiety & depression, decreasing self-esteem & job confidence → lull in junior doctor morale.
- Negative effects on patient care & the NHS as a whole - bullying costs the NHS ~£13 billion/year.

2. Aims

- To explore experiences of bullying & harassment of UK junior doctors, & to understand the mental impact of these incidents.
- To explore experiences of reporting or not reporting incidents.

3. Methods

Design: Exploratory qualitative study in the UK.

Pilot: Questions trialled on a foundation doctor in the NHS so to develop a flexible topic guide.

Participants: Current NHS junior doctors who have experienced/witnessed bullying or harassment.

Recruitment: Advertising posters on Twitter, Facebook, and junior doctor Facebook groups.

Sampling: A convenience sample was used due to issues with recruitment.

Data collection: Semi-structured interviews, face-to-face or via telephone – audio-recorded.

Analysis: Thematic analysis using the 6-step method outlined by Braun and Clarke.

Validation: Respondent validation was undertaken – feedback was given by 6 participants.

4. Participants

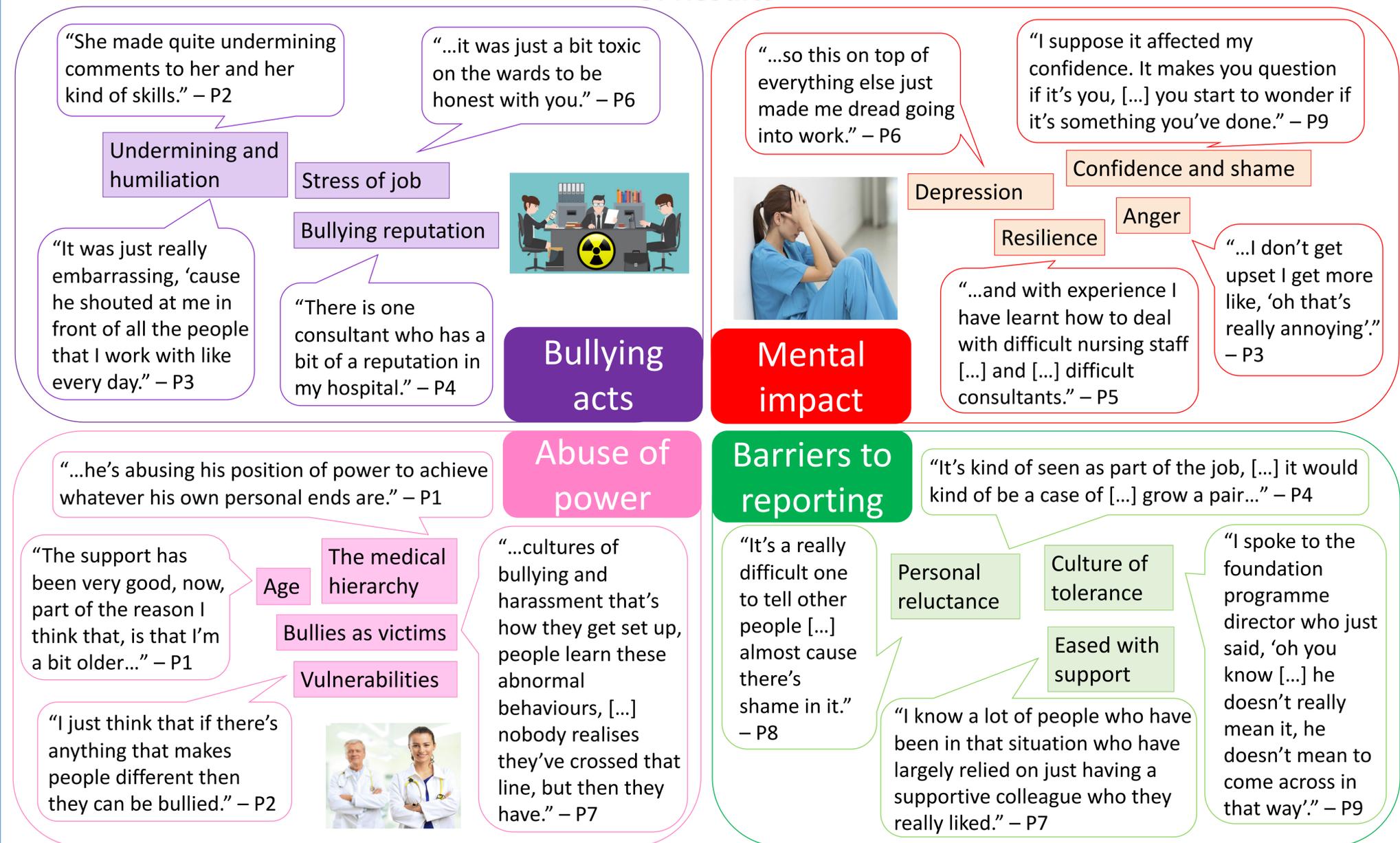
Total N=9

Age	N(%)	Age	Gender	N(%)	Gender
25 or younger	1 (11.1)		Male	5 (55.6)	
26-30	3 (33.3)		Female	4 (44.4)	
31 or older	5 (55.6)				
Ethnicity	N(%)	Ethnicity	Year graduated	N(%)	Year graduated
White British	7 (77.8)		2017 or later	3 (33.3)	
MR – Caribbean	1 (11.1)		2014-2016	2 (22.2)	
MR – Latin American	1 (11.1)		2011-2013	2 (22.2)	
			2010 or earlier	1 (11.1)	
			Missing data	1 (11.1)	

Specialties:

- A&E
- CTF
- Surgery
- Anaesthetics
- Obs & Gynae
- Psychiatry
- Medicine

5. Results



6. Discussion and conclusion

Discussion

- There is a culture of workplace bullying that occurs as people treat others as they were.
- Shame → lack of self/job confidence → affects work behaviours and patients.
- Depression, anxiety, & anger also result.
- Any trait that is outside of the usual medical mould can increase one's vulnerability.
- Incidents are not reported enough, due to personal and staff reluctance.
- Senior back-up eases the pathway to reporting.

Strengths

- First UK study to research this specific topic.
- Pre-determined aims were achieved.
- Good representation of gender & grades.
- Wide geographical representation.

Limitations

- Predominantly White British participants – could affect generalisability.
- Self-selecting participants = those most affected may feel unable to speak out about topic.

Key points and in the future

- Small undermining events often add up - this humiliation must not be overlooked anymore.
- There is a cycle of doctors treating younger trainees poorly, abusing their power.
- Issues with shame & confidence can go on to affect not just the individual, but all work aspects, including patients & the NHS.
- The reporting process is difficult, especially if support is insufficient.
- More support is needed = awareness is needed.
- Doctors should be empowered.

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