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 → full 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

<table>
<thead>
<tr>
<th>Age</th>
<th>Gender</th>
<th>Ethnicity</th>
<th>Year graduated</th>
<th>N(%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>25 or younger</td>
<td>Male</td>
<td>White British</td>
<td>2017 or later</td>
<td>1 (11.1)</td>
</tr>
<tr>
<td>26-30</td>
<td>Female</td>
<td>MR – Caribbean</td>
<td>2014-2016</td>
<td>3 (33.3)</td>
</tr>
<tr>
<td>31 or older</td>
<td>Female</td>
<td>MR – Latin American</td>
<td>2011-2013</td>
<td>1 (11.1)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>2010 or earlier</td>
<td>2 (22.2)</td>
</tr>
</tbody>
</table>

Total N=9

5. Results

- “She made quite undermining comments to her and her kind of skills.” – P2
- “...it was just a bit toxic on the wards to be honest with you.” – P6
- “...so this on top of everything else just made me dread going into work.” – P6
- “I suppose it affected my confidence. It makes you question if it’s you, [...] you start to wonder if it’s something you’ve done.” – P9

- “It’s a really difficult one to tell other people [...] almost cause there’s shame in it.” – P8
- “I spoke to the foundation programme director who just said, ‘oh you [know] he doesn’t really mean it, he doesn’t mean to come across in that way’.” – P9

- “I just think that if there’s anything that makes people different then they can be bullied.” – P2
- “It was just really embarrassing, ‘cause he shouted at me in front of all the people that I work with like every day.” – P3
- “There is one consultant who has a bit of a reputation in my hospital.” – P4
- “...and with experience I have learnt how to deal with difficult nursing staff [...] and [...] difficult consultants.” – P5

- “...he’s abusing his position of power to achieve however his own personal ends are.” – P1
- “The support has been very good, now, part of the reason I think that, is that I’m a bit older...” – P1
- “The medical hierarchy”
- “There is one consultant who has a bit of a reputation in my hospital.” – P4

- “I just think that if there’s anything that makes people different then they can be bullied.” – P2

- “The support has been very good, now, part of the reason I think that, is that I’m a bit older...” – P1
- “The support has been very good, now, part of the reason I think that, is that I’m a bit older...” – P1
- “There is one consultant who has a bit of a reputation in my hospital.” – P4

- “...cultures of bullying and harassment that’s how they get set up, people learn these abnormal behaviours, [...] nobody realises they’ve crossed that line, but then they have.” – P7

- “It’s a really difficult one to tell other people [...] almost cause there’s shame in it.” – P8

- “I just think that if there’s anything that makes people different then they can be bullied.” – P2

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.

6. Discussion and conclusion

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 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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